

Name  
in Full

*Halter R. Baker*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

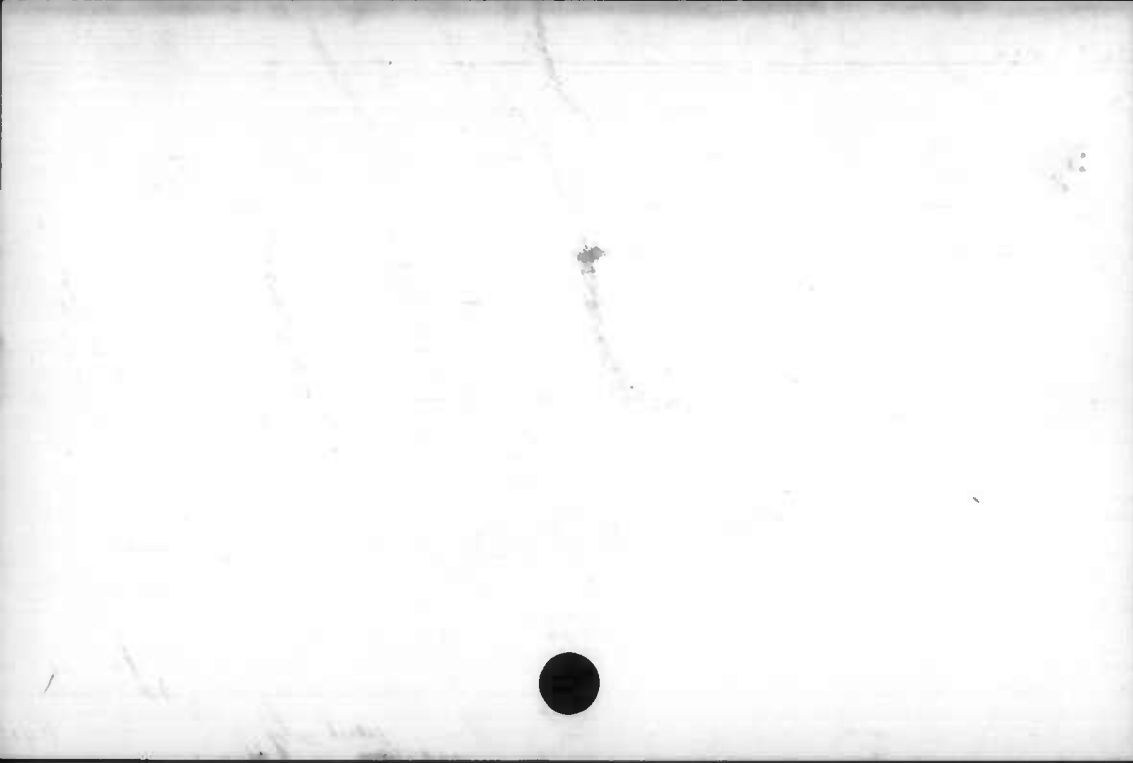
Died at <i>Myersville</i>		Town		<i>Fredricks</i>		County		MARYLAND	
Date of death	<i>1900</i>	Month	<i>Apr.</i>	Day	<i>29</i>	Age	<i>5</i>	Months	<i>7</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Myersville, Md</i>		
Occupation						Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			<i>Vernon Baker</i>				Father's Birthplace		
Mother's Maiden Name			<i>Idia Keller</i>				Mother's Birthplace		
Name of person giving Information			<i>Idia Baker</i>				How related to deceased		
							<i>Mother</i>		

CAUSES OF DEATH

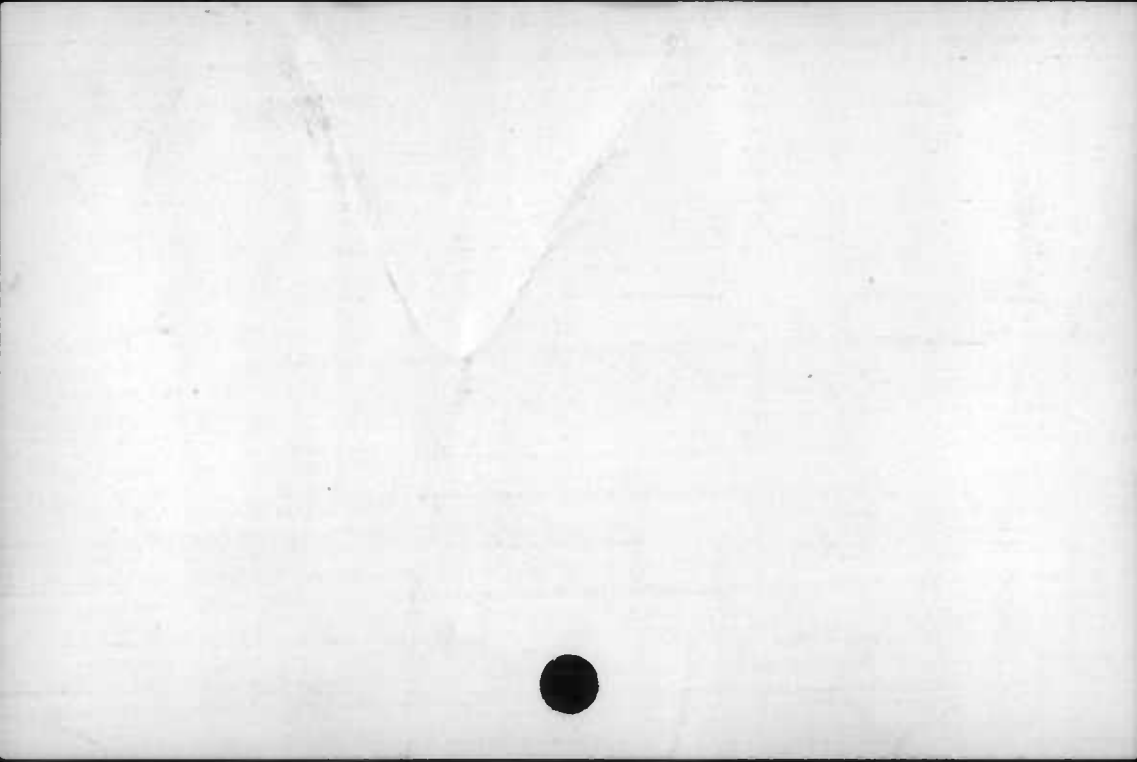
**92**

Primary	<i>Pneumonia</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Ralph Browning</i>	
		Address	
		<i>Myersville, Md</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name in Full		Margaret Anna Belleason				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Johnsville	County Frederick	MARYLAND			
		Date of death	1900	Month April	Day 23	Age 77	Months 5	Days 8	
		Sex	Female		Color or Race	White		Birth-place	Maryland
		Occupation	Housewife		Where Residing if not at place of death				
		Married, <del>Single</del> or <del>Widowed</del>			Name of <del>Wife</del> Husband	George W. Belleason			
		Father's Name	Peter Eyer			Father's Birthplace	don't know		
		Mother's Maiden Name	Margaret Strine			Mother's Birthplace	don't know		
		Name of person giving information	Rosanna Repp			How related to deceased	Daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(79) ✓</div>									
PHYSICIAN OR CORONER		Primary	Insufficiency of Mitrial Valve			How long	For a number of years		
		Immediate	Pulmonary edema & congestion			How long	about 2 months		
		Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	F. H. Lidenell M.D.		
					Address	Johnsville, Md.			
		Accident or Suicide?							



Name  
in  
Full

Elmer Bentz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>4</i>		Day <i>2</i>		Age <i>2</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Frederick Co Md</i>		Months <i>2</i>		Days <i>0</i>	
Occupation				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Arthur Bentz</i>				Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Florence Wiley</i>				Mother's Birthplace <i>"</i>					
Name of parson giving Information <i>Mrs. Bentz</i>				How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm M. Smith</i>	
Address <i>Frederick, Md.</i>			
Accident or Suicide <i>no</i>			

Interment Apr 4 - 1910

" at Reformed Cemetery

Thomas P. Rice F.S.O.

as W. M. Smith

as McCurdy

Name  
in Full

Mildred May.

Black River

## CERTIFICATE OF DEATH

Died at

Frederick

County

MARYLAND

Date

of death

1940

Month

24

Day

30

Age

Years

—

Months

—

Days

14

Sex

Female

Color or Race

White

Birth-place

Md

Occupation

Child

Where Residing if not at place of death

X

Married, Single or Widowed

X

Name of Wife or Husband

X

Father's Name

Mildred Black River

Father's Birthplace

Md

Mother's Maiden Name

Sallie Shelling

Mother's Birthplace

Md

Name of person giving Information

"

" " " "

How related to deceased

Mother

## CAUSES OF DEATH

Primary

Pneumonia. Bronchitis

How long

7 days

Immediate

Exhaustion

How long

2 " "

Are the name, age, sex, color, date and place correctly given above?

YS

Signature of Physician

W A Long

Address

City

Accident or Suicide

X

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Millard Filmore Blacketer  
Town Frederick County

CERTIFICATE OF DEATH

Died at Frederick Maryland

Date of death 1940 4 28 Age 13

Sex male Color or Race white Birth-place Md

Occupation Chief Where Residing if not at place of death

Married, Single or Widowed Chief Name of Wife or Husband Chief

Father's Name Millard Blacketer

Father's Birthplace Md

Mother's Maiden Name Sallie Sherry

Mother's Birthplace Md

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Grissus Neonatun

How long 6 days

Immediate Extremities

How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

W. G. Long

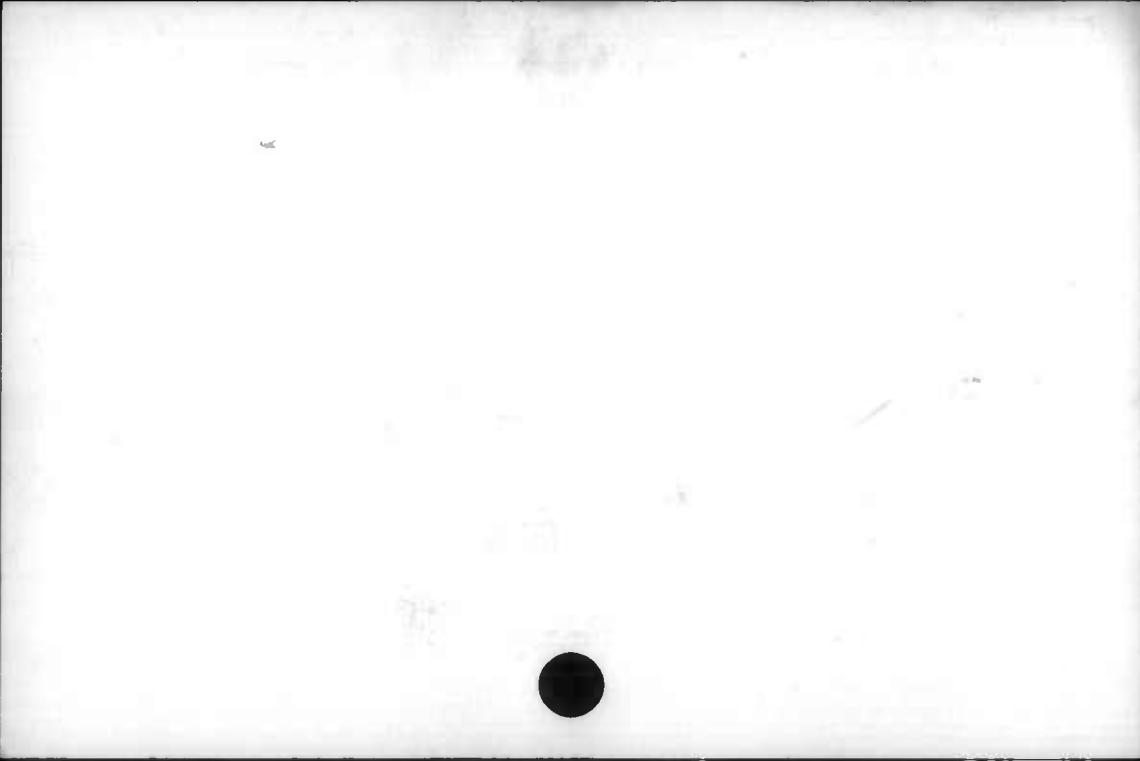
Address

City

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edna K. Blank

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		High Knob		Fredericks		MARYLAND	
Date of death		1906	Month 4	Day 4	Age 0	Months 0	Days 21
Sex	Female		Color or Race	White		Birth-place	Middle town
Occupation			Where Residing if not at place of death		Same		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Roy C. Blank.				Father's Birthplace	Ft. Geo. Md	
Mother's Maiden Name	Florence C. Summers				Mother's Birthplace	" " "	
Name of person giving Information	Wm E. Blank.				How related to deceased	Grand Father	

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary

Bronchial Pneumonia

How long

1 week

Immediate

Exhaustion

How long

10-12 Hours

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

A. A. Lamar

Address

Middle town Md

Accident or Suicide

~

Interment Apr 5 1910

" at Harmony (F. Co) Conn.

Thomas R Rice F. Co.

Dr H. A. Lamar.

Dr C. F. Goodell

Name  
in  
Full

Mrs. Clara V. Boozer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Catt Hill* Town

*Frederick* County

Date of death *1940*

Month *4*

Day *27*

Age *36* Years

Months *9*

Days *27*

Sex *Female*

Color or Race *White*

Birth-place *Lewisstown*

Occupation *House wife*

Where Residing if not at place of death *Catt Hill*

Married, Single or Widowed *Single*

Name of Wife or Husband *John R. Boozer*

Father's Name *Theodore R. Barrick*

Father's Birthplace *Ind*

Mother's Maiden Name *Julianne R. Barrick*

Mother's Birthplace *Ind*

Name of person living in formation *V. R. Barrick*

How related to deceased *Father*

CAUSES OF DEATH

*147*

PHYSICIAN  
OR CORONER

Primary *Abscess of hip joint*

How long *4 months*

Immediate *General septic poisoning*

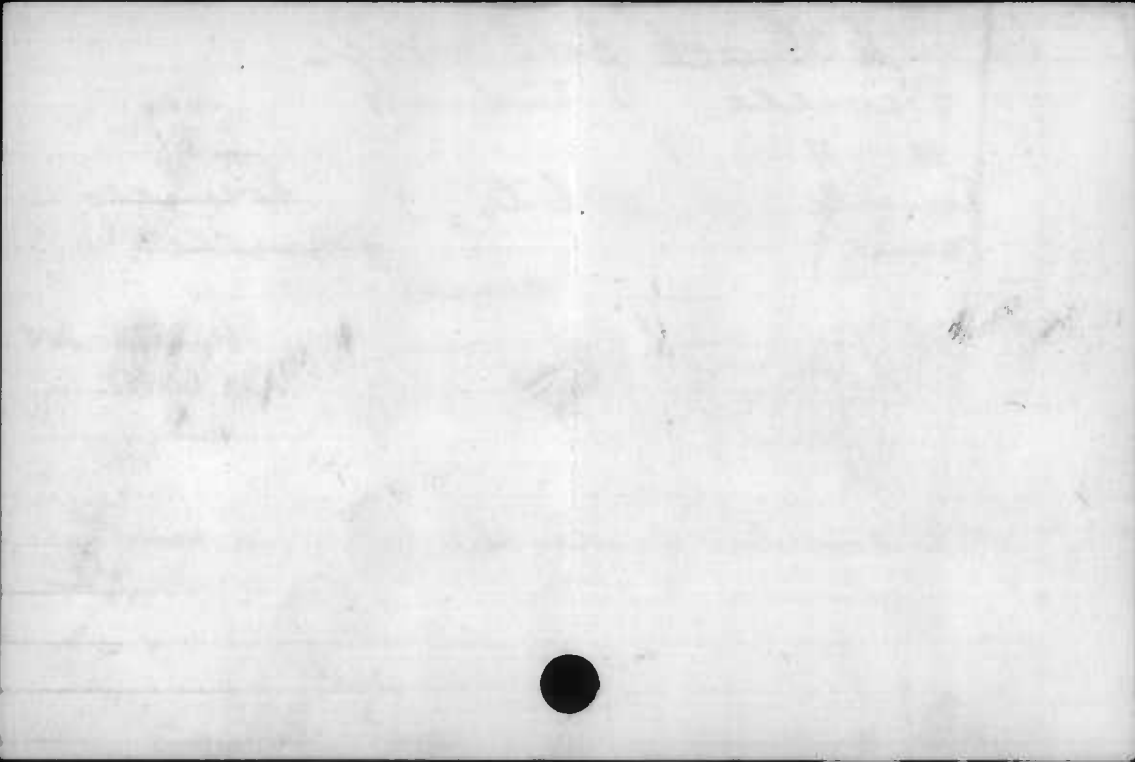
How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. A. Stultz M.D.*

Address *Woodward*

Accident or Suicide? *No*



Name  
in  
Full

Ruth Grace Buhman

CERTIFICATE OF DEATH

Died at Foxville <sup>Town</sup> Frederick <sup>County</sup> **MARYLAND**

Date of death 1990 <sup>Month</sup> 4 <sup>Day</sup> 9 Age 16 <sup>Months</sup> 8 <sup>Days</sup> 27

Sex Female Color or Race White Birth-place Foxville

Occupation None Where Residing if not at place of death Foxville

☒ Married, Single  
☒ Widowed

Name of Wife or Husband None

Father's Name William L Buhman

Father's Birthplace Foxville Md

Mother's Maiden Name Octavia M. G. Harbaugh

Mother's Birthplace Mt Zion Md

Name of person giving Information Jessie Buhman

How related to deceased Brother

## CAUSES OF DEATH

Primary Tubercular Peritonitis

How long 4 months

Immediate Tubercular Peritonitis

How long 4 months

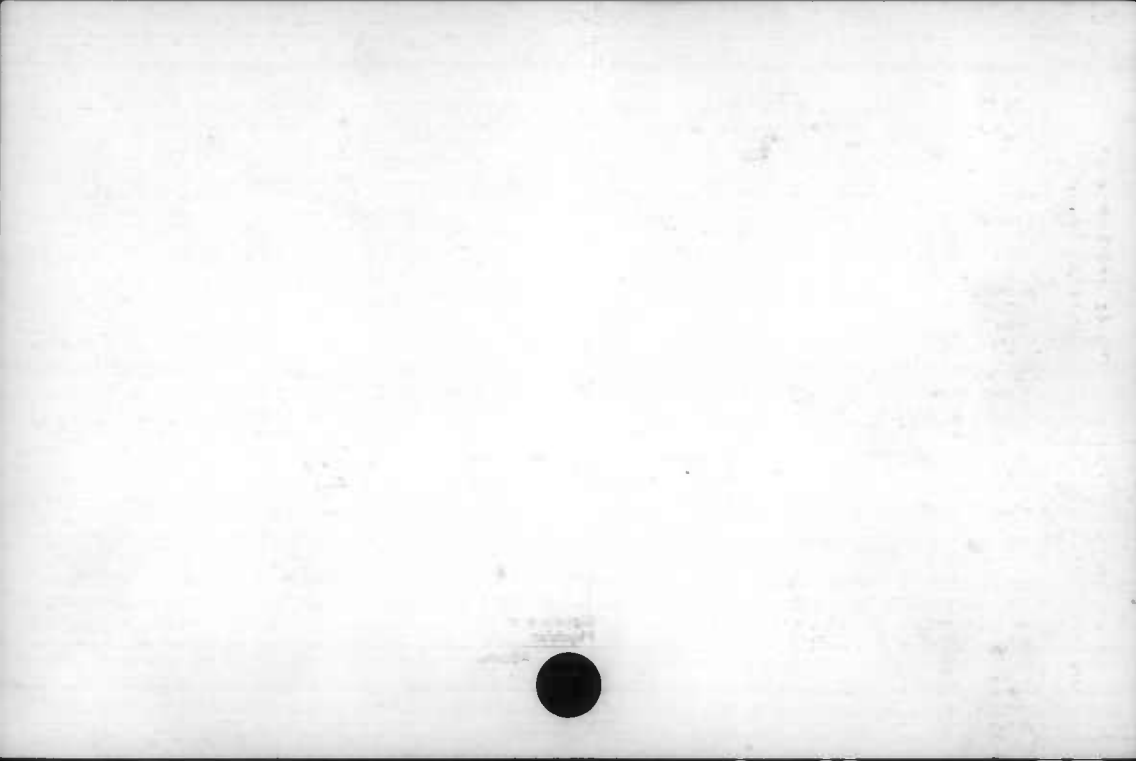
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician Dr. M. S. Kefauver

Address Smithsburg  
Montgomery Co.

☒ Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *State Sanatorium* <sup>Town</sup> *Frederick* <sup>County</sup>Date of death | 9<sup>th</sup> <sup>Month</sup> *April* <sup>Day</sup> *30*Age *17* <sup>Years</sup>

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

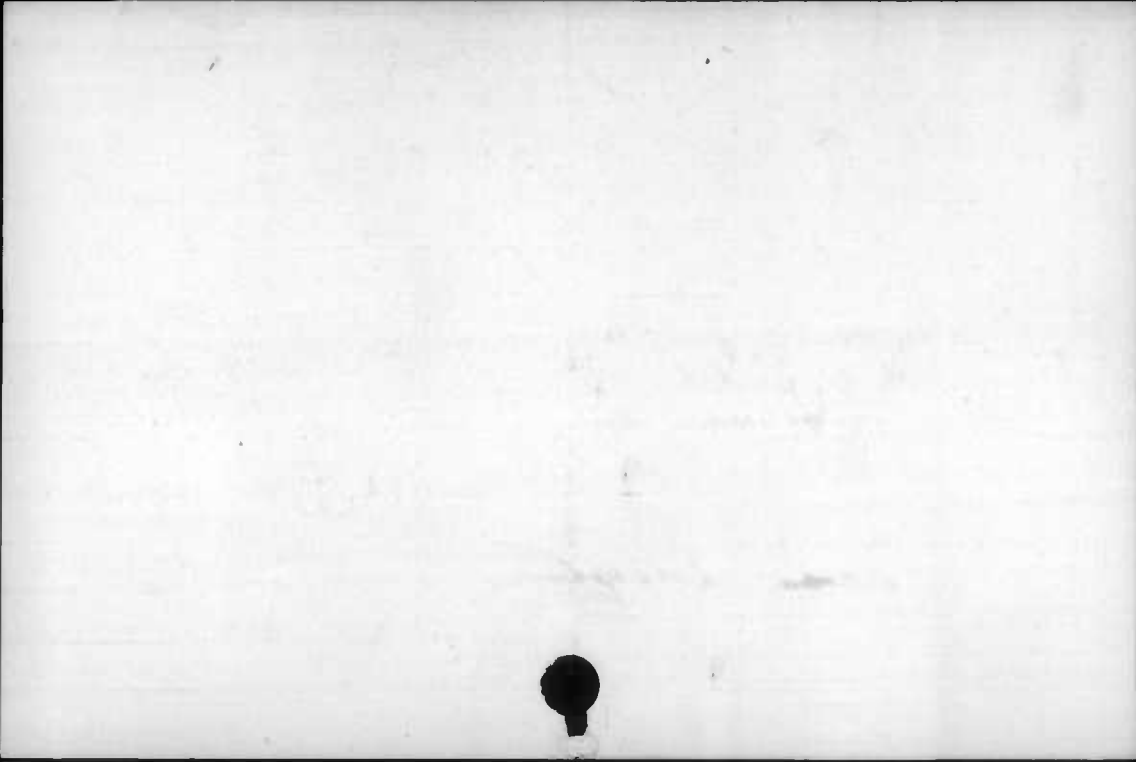
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Wm. H. Burger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

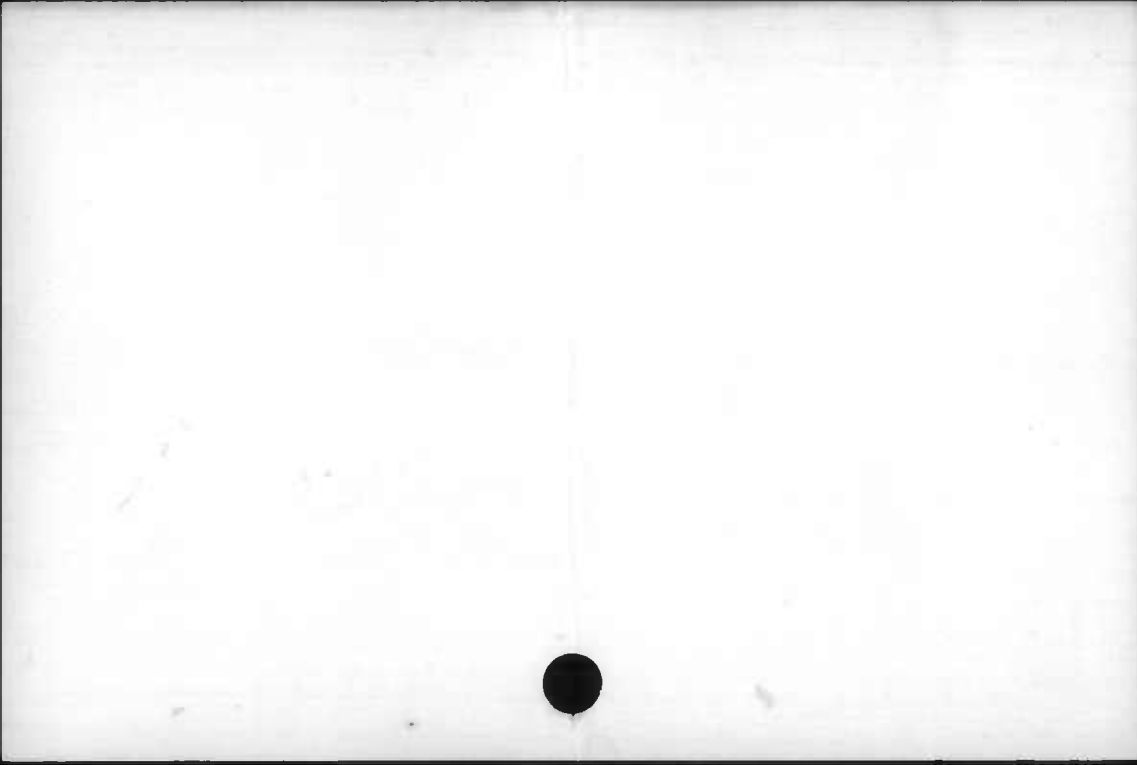
Died at <i>Indevick</i> Town		County		MARYLAND	
Date of death 190 <sup>0</sup>	Month 4	Day 23	Age 29	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Indevick</i>			
Occupation <i>Blacksmith (R.R.)</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Henry C. Burger</i>	Father's Birthplace <i>Indevick</i>				
Mother's Maiden Name <i>Miss Mary A. Barnes</i>	Mother's Birthplace <i>Indevick</i>				
Names of person giving Information <input checked="" type="checkbox"/>				How related to deceased <input checked="" type="checkbox"/>	

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis - (Phthisis Pulmonum)</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
	Address <i>Indevick</i>
Accident or Suicide <input checked="" type="checkbox"/>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Infant of John E. Bussard

MARYLAND

Died at new Wolfville

Frederick

Date

of death

1900

Month

4

Day

23

Age

Years

Months

1

Days

6

Sex

Male

Color or  
Race

White

Birth-  
place

Wolfville

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John E. Bussard

Father's  
Birthplace

Ellettsville Md

Mother's  
Maiden Name

Thora V. Harshman

Mother's  
Birthplace

Wolfville

Name of person giving  
Information

William E. Harshman

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Suffocation Catarrh

How long

3 days

Immediate

Edema Lungs

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

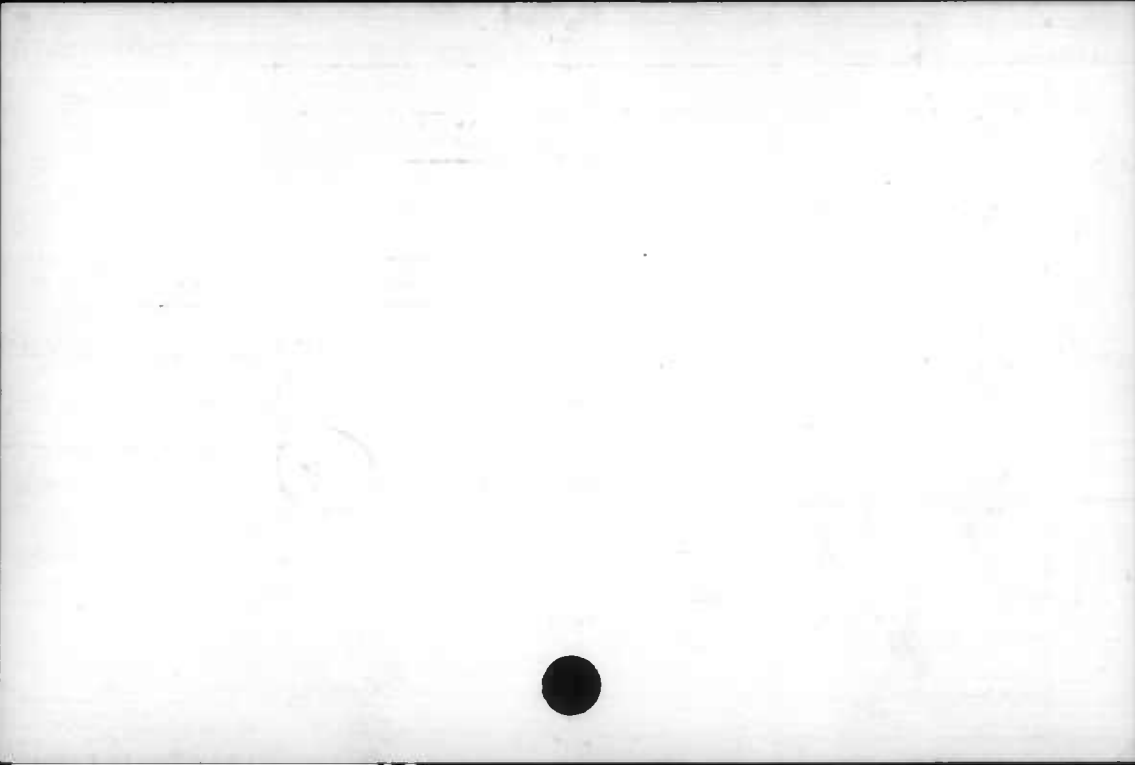
W. C. Wheeler M.D.

Address

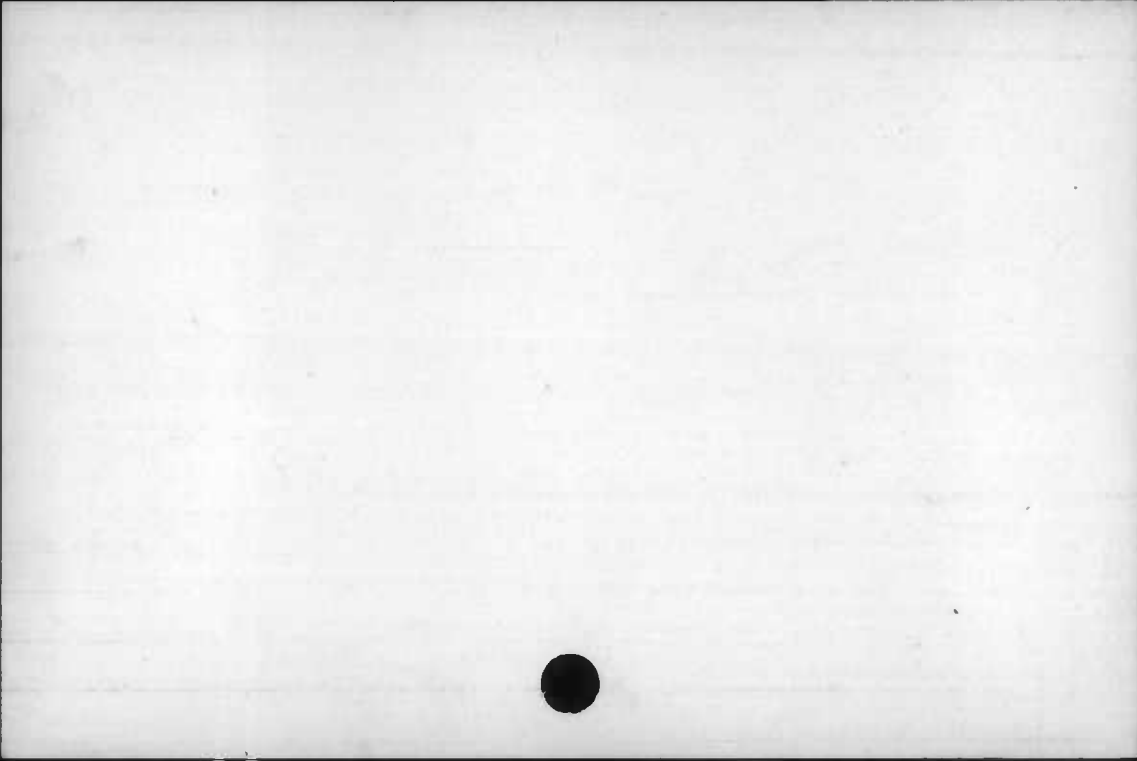
Brownboro  
Washington Co -

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Louisia Butcher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bartonsville</i>		Town		County <i>Frederick</i>		MARYLAND	
	Date of death <i>1960</i>		Month <i>April</i>		Day <i>15th</i>		Age <i>62</i>	
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>		Months <i>9</i>	
	Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Dame</i>		Years <i>27</i>		Days	
	Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frederick Butcher</i>		Months		Days	
	Father's Name <i>Unknown</i>		Father's Birthplace <i>Md</i>		Years		Days	
	Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		Months		Days	
	Name of person giving information <i>Naomia Butcher</i>		How related to deceased <i>Daughter</i>		Months		Days	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>		How long <i>Several mo.</i>					
	Immediate <i>Exhaustion</i>		How long <i>" weeks</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Jarne M.D.</i>					
			Address <i>Frederick Md</i>					
	Accident or Suicide? <i>_____</i>							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Cornelius Carty</i>		Town <i>Catoctin Furnace</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Catoctin Furnace</i>		Month <i>April</i>		Day <i>13</i>		Years <i>38</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>13</i>		Years <i>38</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>1</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Md.</i>		Days <i>6</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Josephine Straley</i>		Father's Birthplace <i>Md.</i>			
Father's Name <i>Jacob Carty</i>		Mother's Maiden Name <i>Mary Eusworth</i>		How related to deceased <i>son</i>			
Name of person giving Information <i>Willie Carty</i>							

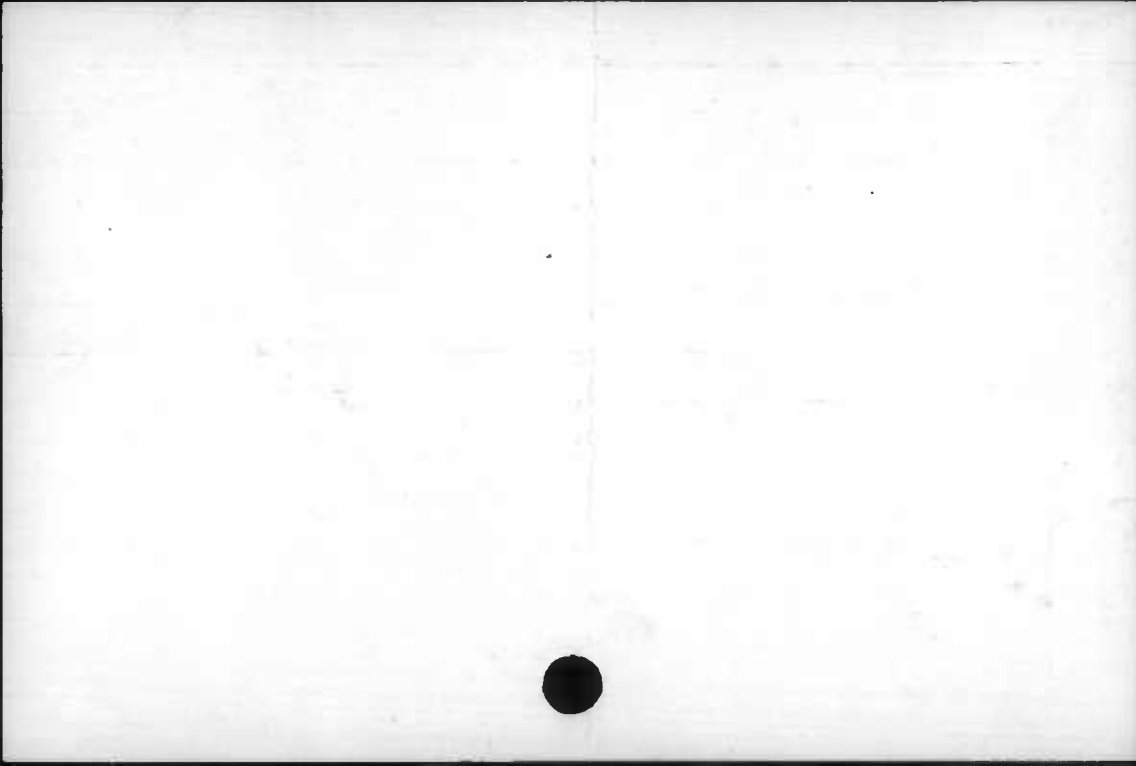
## CAUSES OF DEATH

40

✓

PHYSICIAN  
OR CORONER

Primary <i>Cancer Liver</i>		How long <i>5 yrs -</i>	
Immediate <i>Pericarditis Acute</i>		How long <i>1 yr</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Morris A. Bailey</i>	
		Address <i>Thurmont Md</i>	
Accident or Suicide <i></i>			



Name  
in  
Full

CERTIFICATE OF DEATH

*Beth. Viola. Cline*

Town *Harmony* County *Frederick* MARYLAND  
Died at  
Date of death 19*10* Month *April* Day *5* Age *1* Years *8* Months *27* Days  
Sex *Female* Color or Race *White* Birth-place *Harmony*  
Occupation \_\_\_\_\_ Where Residing if not at place of death *Harmony*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *John G. Cline*

Father's Birthplace *Harmony*

Mother's Maiden Name *Eva. Elizabeth Miller*

Mother's Birthplace *Middleboro*

Name of person giving Information *John Cline*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumo-Pneumonia*

How long *10 days*

Immediate *Exhaustion*

How long *4 days & two*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

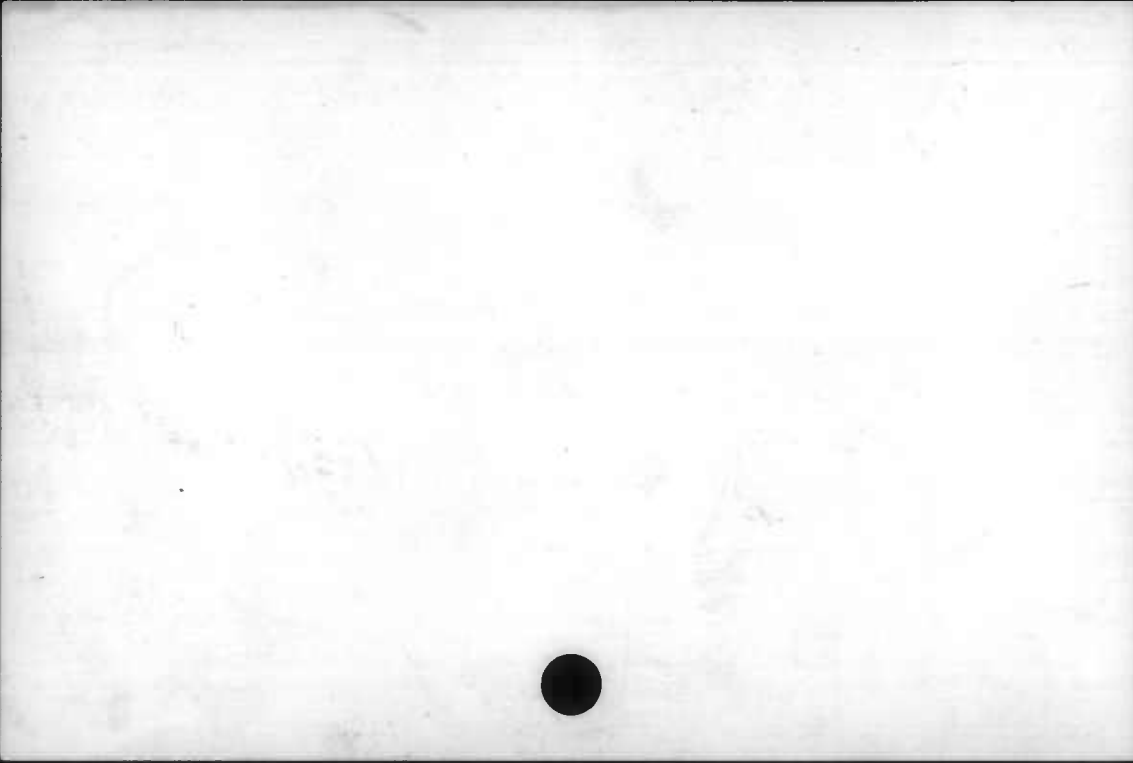
Address

*Ralph Brown*  
*Myersville, Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mariah Calliflowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

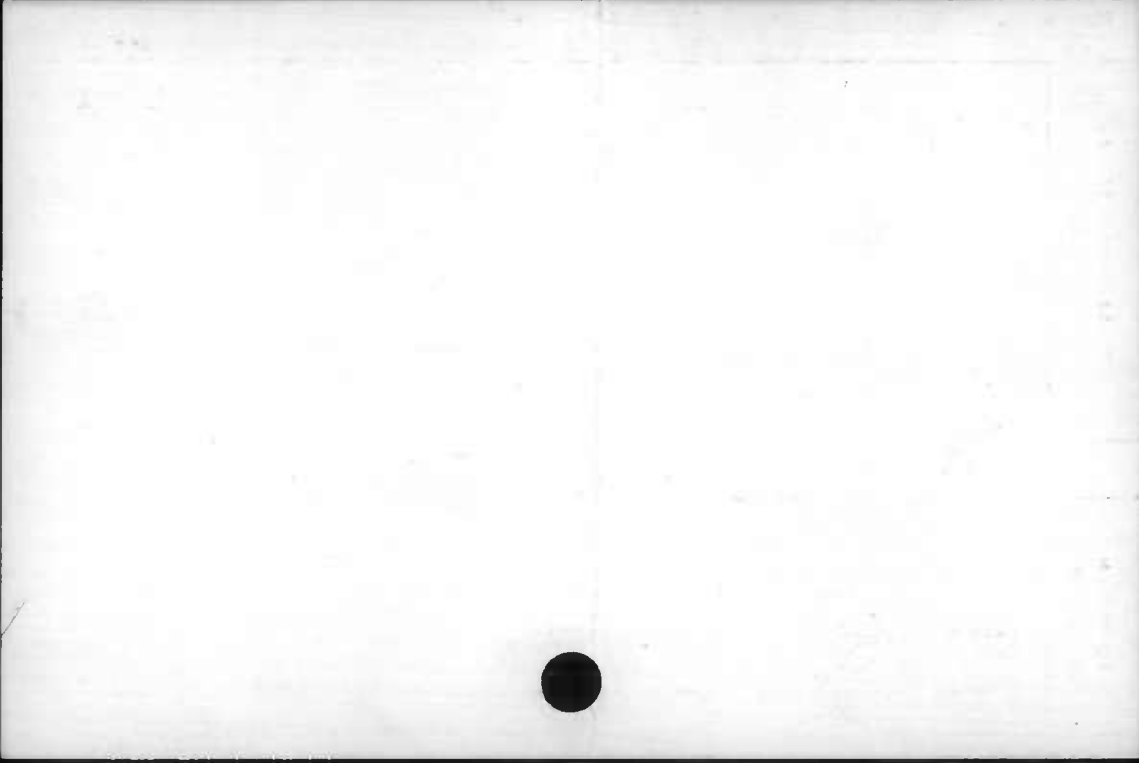
MARYLAND

Died at <u>Graceland</u>		Town <u>Graceland</u>		County <u>Frederick</u>	
Date of death <u>1940</u>		Month <u>April</u>	Day <u>28</u>	Age <u>15</u>	Years <u>9</u>
Sex <u>female</u>		Color or Race <u>white</u>		Birthplace <u>Graceland Md</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>                    </u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>                    </u>			
Father's Name <u>Frank Calliflowers</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Martha Miller</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Frank Calliflowers</u>		How related to deceased <u>father</u>			

## CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate <u>Cerebral Meningitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Morris A. Biehl</u>
	Address <u>Shinnston</u>
Accident or Suicide <u>no</u>	<u>Md.</u>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Agnes Riggo Cooper

## CERTIFICATE OF DEATH

Died at <i>near Monrovia</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		<i>Mo. 6</i> <sup>MARYLAND</sup>	
Date of death <i>1960</i>	Month <i>Apr</i>	Day <i>14</i>	Age <i>11</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fredk. Co. Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Had neither</i>			
Father's Name <i>Donald Riggo</i>			Father's Birthplace <i>Fredk Co. Md</i>		
Mother's Maiden Name <i>Mabel Cooper</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Cadwalader Cooper</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

How long

How long

Primary <i>Delicate from birth.</i>	How long <i>9 1/2</i> ✓
Immediate <i>Broncho-Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hopkins M.D</i>
	Address <i>New Market</i>
Accident or Suicide? <i>no</i>	<i>Fredk. Co., Md</i>

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

12



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name John Wesley Creeger		Town Thurmont		County Frederick	
Died at		Month April		Day 7	
Date of death 1940		Year 1940		Age 46	
Sex Male		Color or Race White		Birth- place Thurmont Md	
Occupation Lumberman		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Effie D. William			
Father's Name James Creeger		Father's Birthplace Thurmont Md			
Mother's Maiden Name Sophia Kiser		Mother's Birthplace Hagerstown Md			
Name of person giving In formation W. L. Creeger		How related to deceased Brother			

## CAUSES OF DEATH

56

Primary

Alcoholism

How long

10 days

Immediate

Edema of lungs &amp; heart failure

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

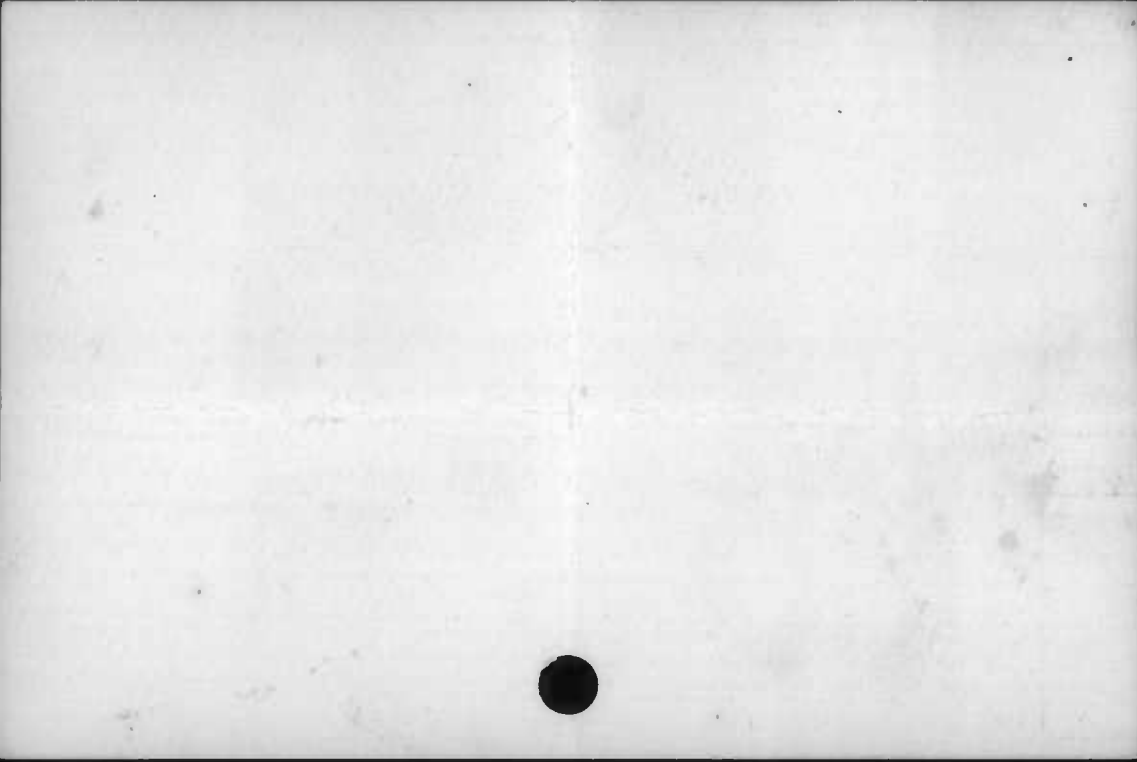
Signature of  
Physician

Address

E. C. Kefauver  
Thurmont Md

Accident or Suicide?

No



Name  
in FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Hoodsboro* <sup>Town</sup> *Fredrick* <sup>County</sup>Date of death *1901* <sup>Month</sup> *April* <sup>Day</sup> *16* <sup>Years</sup> *Age 75* <sup>Months</sup> *8* <sup>Days</sup> *27*Sex *Female* Color or Race *White* Birth-place *Johnsville*Occupation *Retired* Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or Husband *William Damm*Father's Name *Peter Cylw.* Father's Birthplace *New Midway*Mother's Maiden Name *Mary Ann Engle* Mother's Birthplace *New Kingsford*Name of person giving information *Mr James W. Smith* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Unknown* How long *XXX*Immediate *Acute Pulmonary Congestion* How long *1/2 hr.*

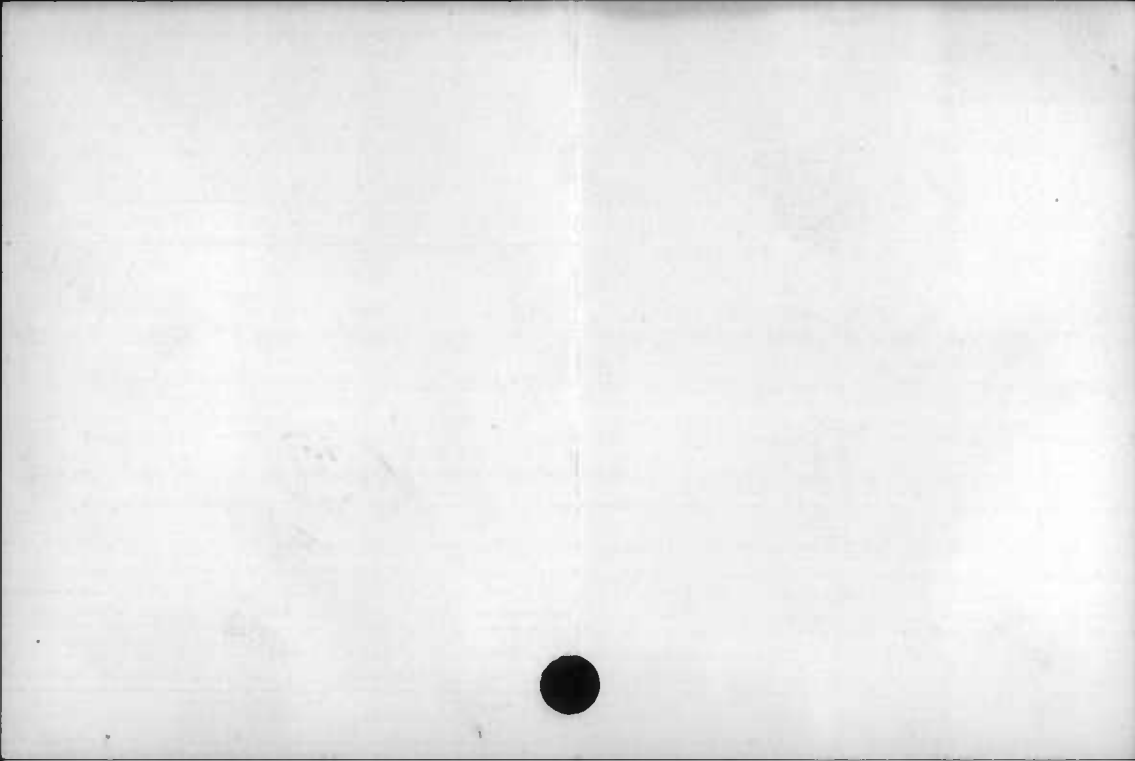
Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Frances Lavinia Deggs

Town Frederick County

Died at Frederick MARYLAND

Date of death 1960 Month 11 Day 21 Age 18

Sex Female Color or Race Negro Birth-place 21 days 7/11

Occupation homemaker Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Geo Deggs Father's Birthplace Frederick County

Mother's Maiden Name Nannie Speaks Mother's Birthplace "

Name of person giving Information Geo Deggs How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Pulmonary Tuberculosis How long 3 months

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Wm M Smith

Address Frederick, Md.

Accident or Suicide

Bartonville

4/25 1910

Name  
in  
Full

Dinterman

CERTIFICATE OF DEATH

Died at , Unionville Town Frank Lee County MARYLAND

Date of death 1900 Month 4 Day 25 Age — Months — Days —

Sex Girl Color or Race White Birth-place Unionville

Occupation X Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Clarence Dinterman Father's Birthplace Md

Mother's Maiden Name Florence Labaugh Mother's Birthplace Md

Name of person giving Information Clarence Dinterman How related to deceased Father.

## CAUSES OF DEATH

Primary Unknown How long —

Immediate Still Born How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. S. Pearce

Address Unionville

Accident or Suicide Maryland

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Annie F. Doll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

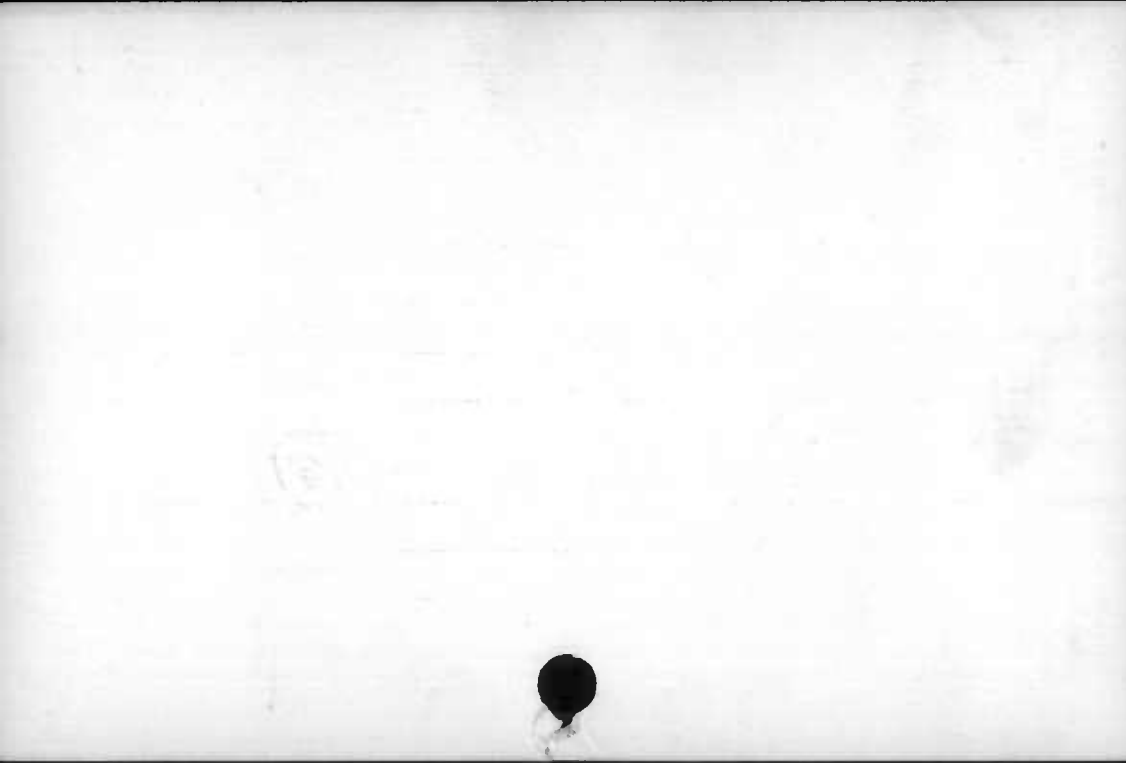
Died at		Frederick		County		Frederick		MARYLAND				
Date of death		1900	Month	April	Day	22	Age	68	Months	—	Days	7
Sex		Female		Color or Race		White		Birth-place		Ogelsbaldt		
Occupation		House wife		Where Residing if not at place of death		285 W. South St.		Germany				
Married, Single or Widowed		Widowed		Name of Wife or Husband		Henry H. Doll						
Father's Name		Jacob Berna		Father's Birthplace		Ogelsbaldt.						
Mother's Maiden Name		Mary Lohrman		Mother's Birthplace		Ogelsbaldt.						
Name of person giving information		Mrs. Adger		How related to deceased		Daughter						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		Valvular heart disease		How long		10 years.	
Immediate		Acute dilatation of heart		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. B. Johnson.			
		Address		Frederick, Md.			
Accident or Suicide							



Name  
in  
Full

Edward H Dyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick Md</i>		County <i>Frederick Co</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1960</i>	<i>Apr</i>	<i>18</i>	<i>84</i>	<i>—</i>	<i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Co</i>		
Occupation <i>Cooper</i>	Where Residing if not at place of death <i>Eastport City</i>				
<del>Married, Single</del> or Widowed	Name of Wife or Husband <i>Jane Douglas</i>				
Father's Name <i>John H Dyer</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Rochael Mobley</i>	Mother's Birthplace <i>do</i>				
Name of person giving Information <i>Henry Dyer</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frederick H. Hedges</i>
	Address <i>Frederick</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Louisa F Englebrecht

CERTIFICATE OF DEATH

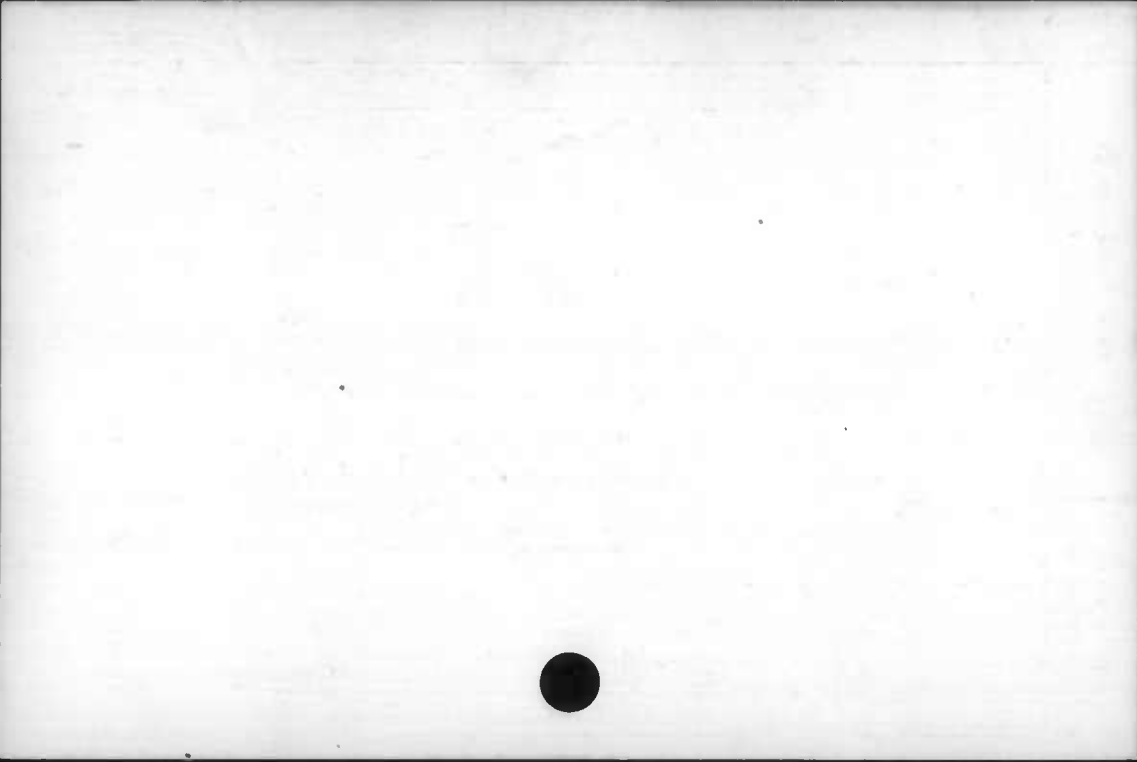
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indenick</i> <sup>Town</sup>		<i>Indenick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1980</i>	Month <i>4</i>	Day <i>30</i>	Age <i>73</i> -	Months <i>9</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Indenick Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Englebrecht</i>			Father's Birthplace <i>Indenick Md</i>		
Mother's Maiden Name <i>Susan Winter</i>			Mother's Birthplace <i>a Co "</i>		
Name of person giving Information <i>C. C. Carty</i>			How related to deceased <i>Cousin</i>		

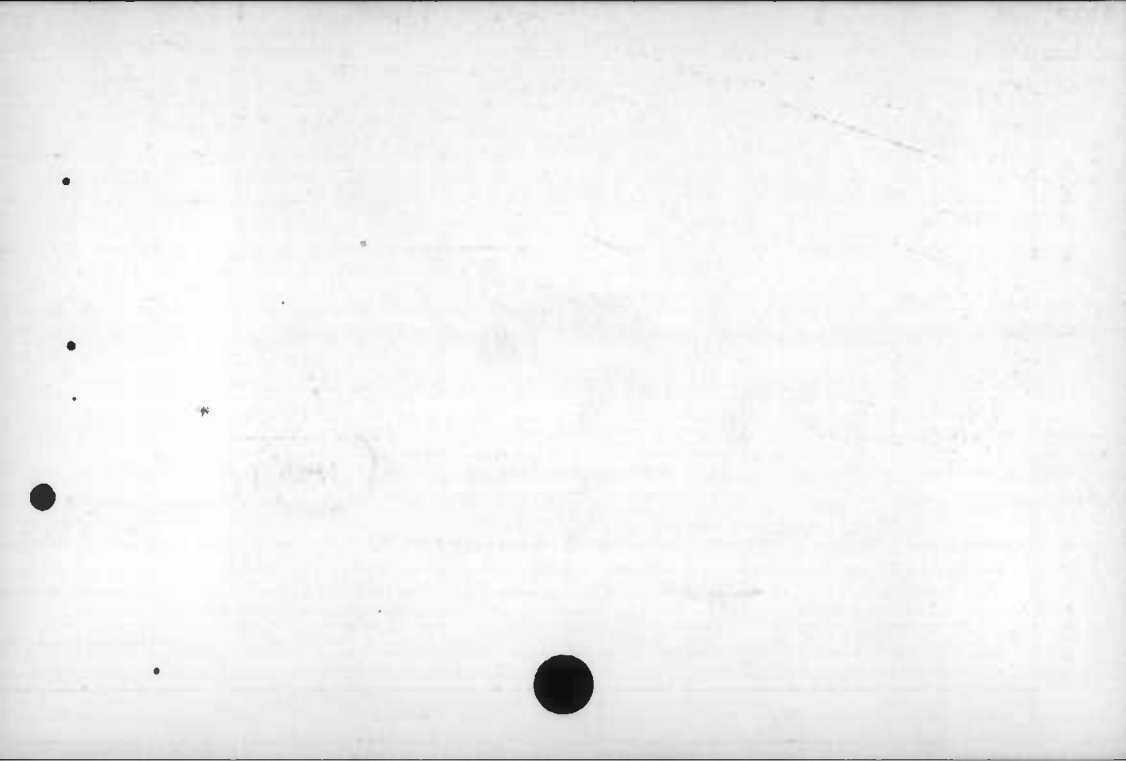
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Progressive paralysis</i>	How long <i>Several months</i>
Immediate <i>General Asthenia</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Needix, M.D.,</i>
	Address <i>Indenick, Md.</i>
Accident or Suicide <i>no</i>	



Name in Full		Edmund R. Eschbach				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> Town			County <i>X</i>		MARYLAND	
	Date of death <i>190</i> <sup><i>10</i></sup>		Month <i>4</i>	Day <i>15</i>	Age <i>74</i> Years	Months <i>5</i>	Days <i>6</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Northumberland Co Pa</i>		
	Occupation <i>Clergyman</i>			Where Residing if not at place of death <i>✓ Pa</i>			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Susan Eschbach nee Noel</i>				
	Father's Name <i>David Eschbach</i>				Father's Birthplace <i>Pa</i>		
	Mother's Maiden Name <i>Elizabeth Rachel</i>				Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Albert J Eschbach</i>					How related to deceased <i>Brother</i>		
<div style="display: flex; justify-content: space-between;"> <div> <div>CAUSES OF DEATH</div> <div> <div>Primary <i>Carcinoma of Prostate</i></div> <div>Immediate <i>Erectile dysfunction</i></div> </div> </div> <div> <div><b>45</b> ✓</div> <div>How long <i>24 years</i></div> </div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Franklin Buchanan M.D.</i>		
					Address <i>Frederick, Md</i>		
	Accident or Suicide? <i>—</i>						





Name  
in  
Full

Mary Edith Evans

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brunswick Town Fredenest County MARYLAND

Date of death 1950 Month Apr. Day 26 Age 30 Years Months Days

Sex Female Color or Race white Birth-place W. V.

Occupation House Wg. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband John C. Evans

Father's Name Frank m. Bee Father's Birthplace W. V.

Mother's Maiden Name Mary Allen Mother's Birthplace W. V.

Name of person giving Information Jm. C. Evans How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

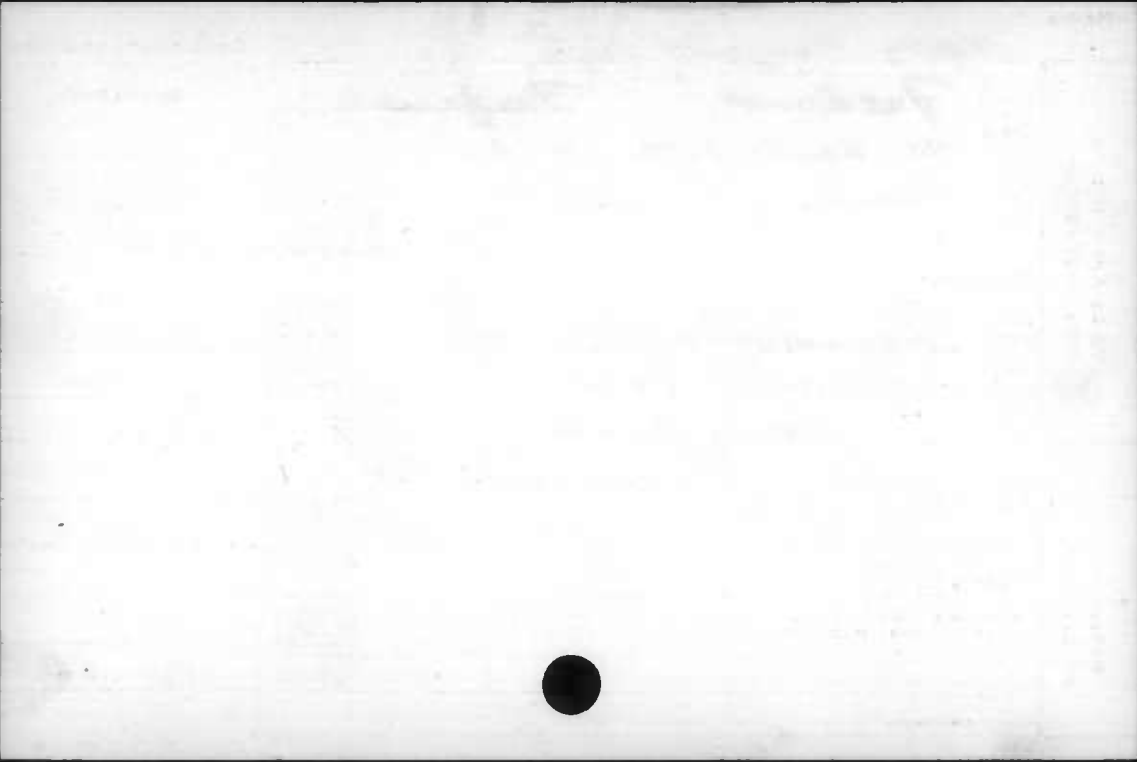
Primary Pulmonary Tuberculosis How long 8 mos

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. H. Harris

Address Brunswick Md

Accident or Suicide



Name  
in  
Full

Mary Margaret Fogle


CERTIFICATE OF DEATH

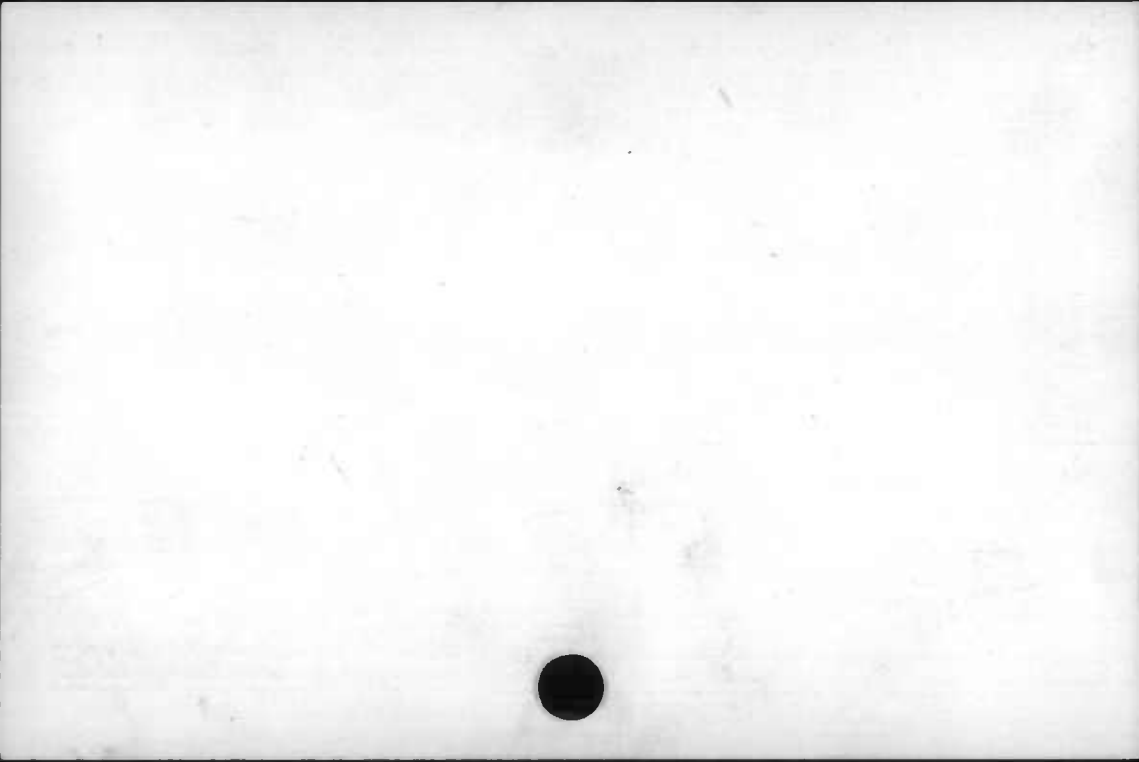
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Frederick		Frederick		MARYLAND	
Date of death		1900	April	5th	Age	61	
Sex	Female	Color or Race	White		Birth-place	Frederick Md.	
Occupation	Housewife		Where Residing if not at place of death		Detroit Md.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas Barton		Father's Birthplace		Frederick Co.		
Mother's Maiden Name	Harriett Fogle		Mother's Birthplace		" "		
Name of person giving Information	Harry Fogle		How related to deceased		Son		

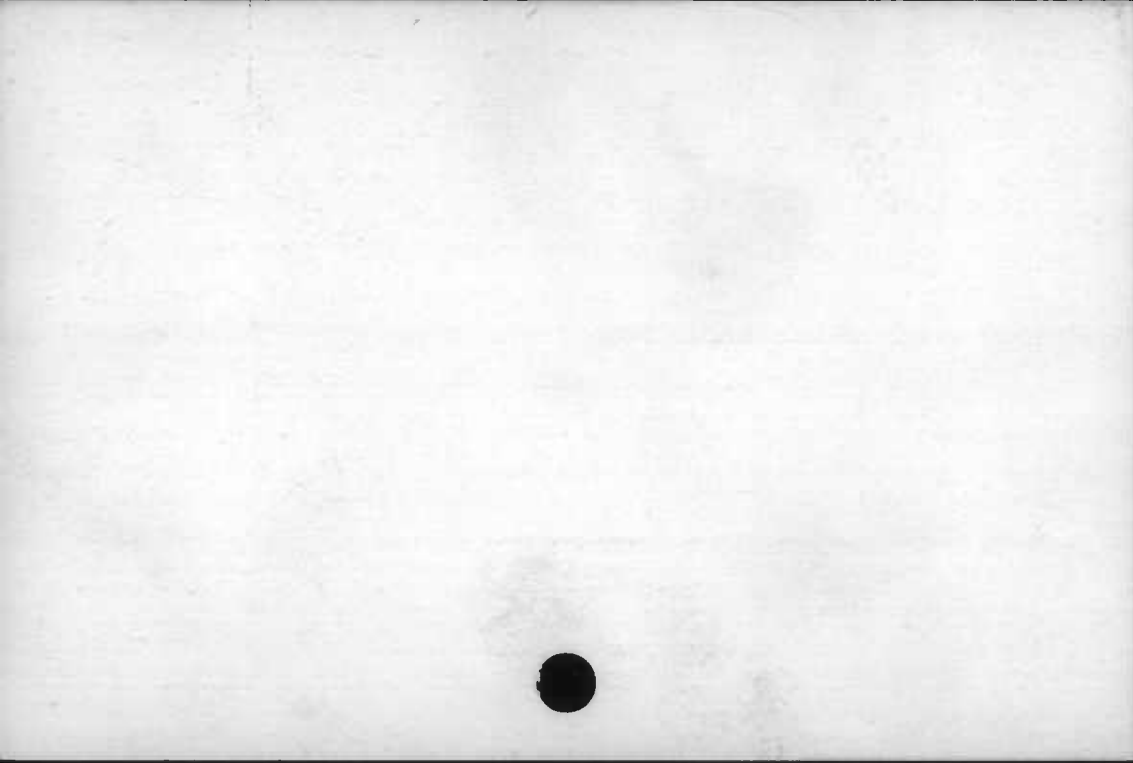
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

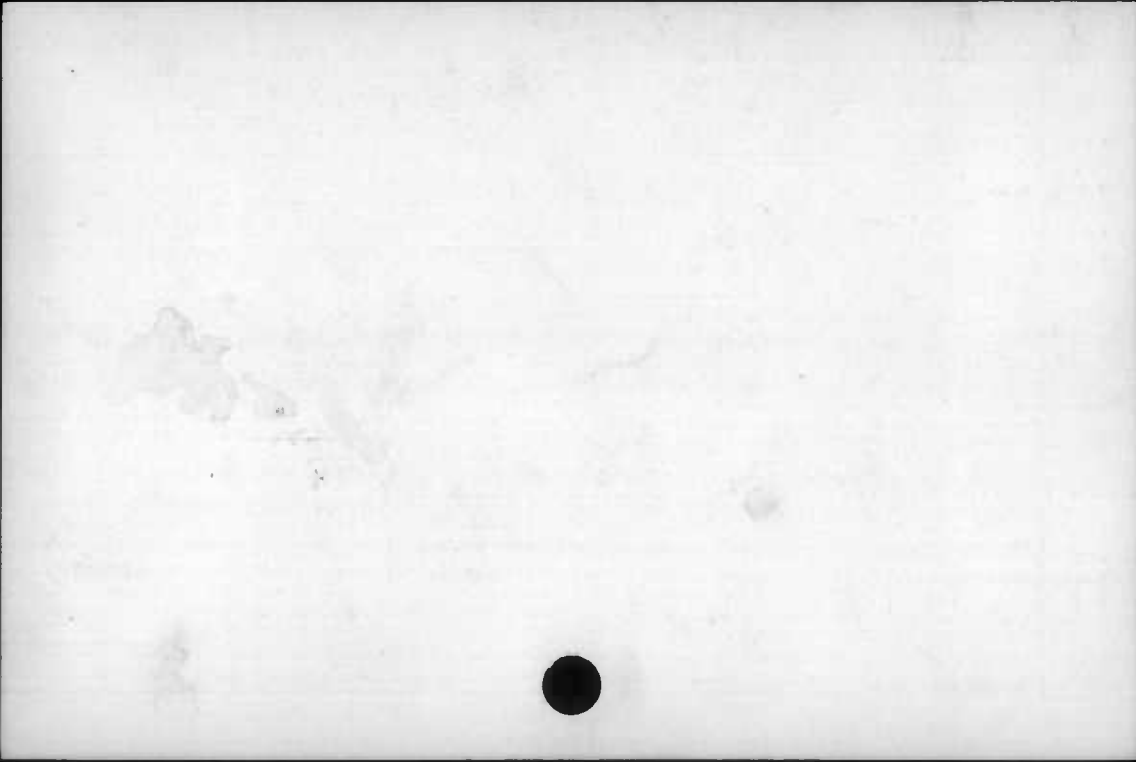
Primary	Zephoid Fever		How long	Six weeks.
Immediate	Myocarditis		How long	About 24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		J. B. Thomas	
	Address		Frederick Md.	
Accident or Suicide				



Name in Full <b>Robert Fox</b>		County <b>Frederick</b>		CERTIFICATE OF DEATH	
Died at <b>Creagerstown</b>		Town <b>Frederick</b>		MARYLAND	
Date of death <b>1900 April 14</b>		Age <b>10</b>		Months <b>24</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Creagerstown</b>	
Occupation <b></b>		Where Residing if not at place of death <b>At place of death</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b></b>			
Father's Name <b>Jesse Fox</b>		Father's Birthplace <b>Carroll Co</b>			
Mother's Maiden Name <b>Martha L. Fogle</b>		Mother's Birthplace <b>Frederick Co</b>			
Name of person giving information <b></b>		How related to deceased <b></b>			
CAUSES OF DEATH					
Primary <b>Chronic Bronchitis</b>		How long <b>6 months</b>			
Immediate <b>collapse</b>		How long <b>two hours</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. D. S. Young,</b>			
		Address <b>Creagerstown</b>			
		<b>Frederick Co.</b>			
Accident or Suicide? <b>9</b>					



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Providence</i> Town		<i>Fredrick</i> County		
		Date of death <i>1901</i>		Month <i>4</i>	Day <i>23</i>	Age <i>58</i> Years
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
		Occupation <i>Teacher</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Katie B. Miller</i>			
		Father's Name <i>William J. Gittings</i>	Father's Birthplace <i>Maryland</i>			
		Mother's Maiden Name <i>Mary Bizer</i>	Mother's Birthplace <i>Maryland</i>			
		Name of person giving information <i>Daniel Miller</i>	How related to deceased <i>Nephew.</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>		How long <i>6 days</i>			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel Chaggett</i>			
			Address <i>Petersville</i>			
	Accident or Suicide?				<i>md</i>	





Name  
in  
Full

Edna Belle Hann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frederick <sup>County</sup> Frederick MARYLAND

Date of death 1940 <sup>Month</sup> 4 <sup>Day</sup> 5 <sup>Age</sup> 3 <sup>Months</sup> 2 <sup>Days</sup> 17

Sex Female Color or Race White Birth-place Frederick

Occupation \_\_\_\_\_ Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name William C. Hann Father's Birthplace Fredt. Co., Md.

Mother's Maiden Name Estelle Copeland Mother's Birthplace " " "

Name of person giving information Wm C. Hann How related to deceased Father

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary Broncho Pneumonia How long 2 Weeks

Immediate Cardiac weakness How long 2 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Labner

Address Frederic

Accident or Suicide \_\_\_\_\_

Interment Apr 7 - 1910

" at Mt Olivet Cemetery

Thomas P. Rice F.O.

as Burch.

as McCurdy.

Name  
in  
Full

*Earnest Martin Hartman*

CERTIFICATE OF DEATH

Died at *Buckeystown* *Trick* **MARYLAND**  
 Date of death 19*00* Month *4* Day *17* Age *37* Months *9* Days *11*  
 Sex *Male* Color or Race *White* Birth-place *Bay Dand*  
 Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed ☒ Married Name of Wife or Husband  
 Father's Name *Jacob C. Hartman* Father's Birthplace *Va.*  
 Mother's Maiden Name *Alice A. Visty* Mother's Birthplace *Abd*  
 Name of person giving Information *Geo Hartelt* How related to deceased *Brother in law*

CAUSES OF DEATH

Primary *Acute Alcoholism* How long *8 hrs*

Immediate *Found dead - Inquest held* How long

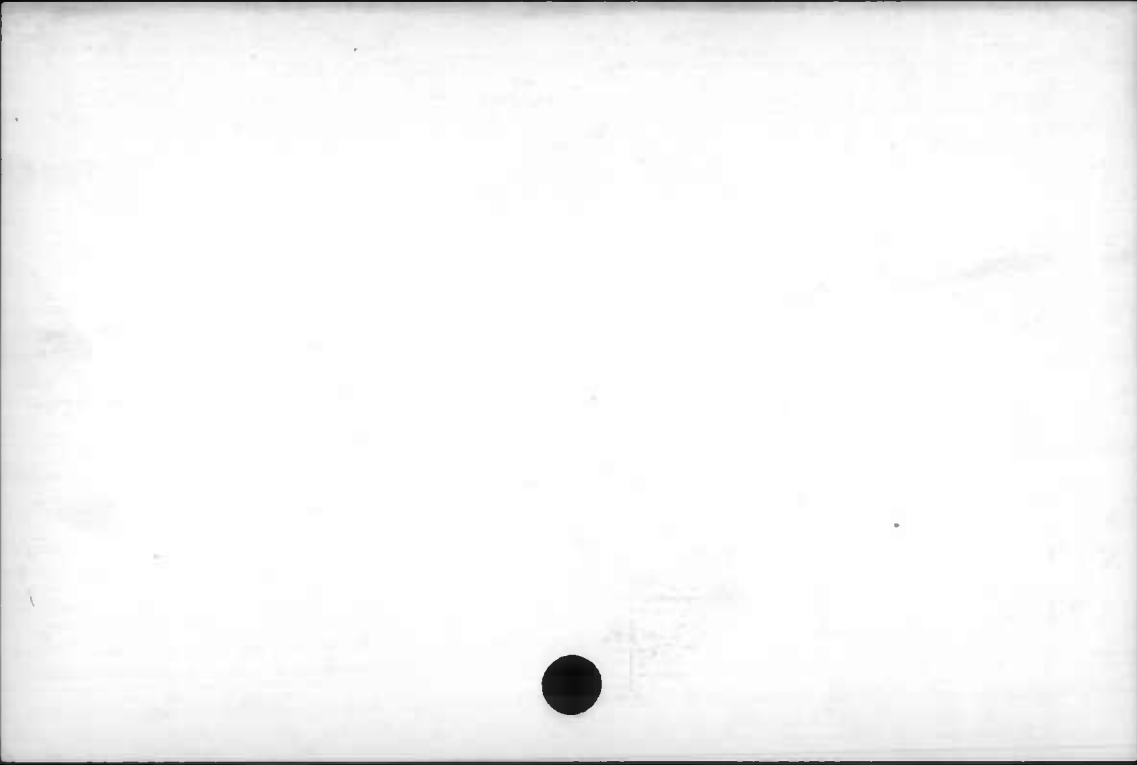
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. Clyde Routsen*  
 Address *Physician at request*  
*Buckeystown*

Accident or Suicide *Accident*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Enaline Helebrand

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

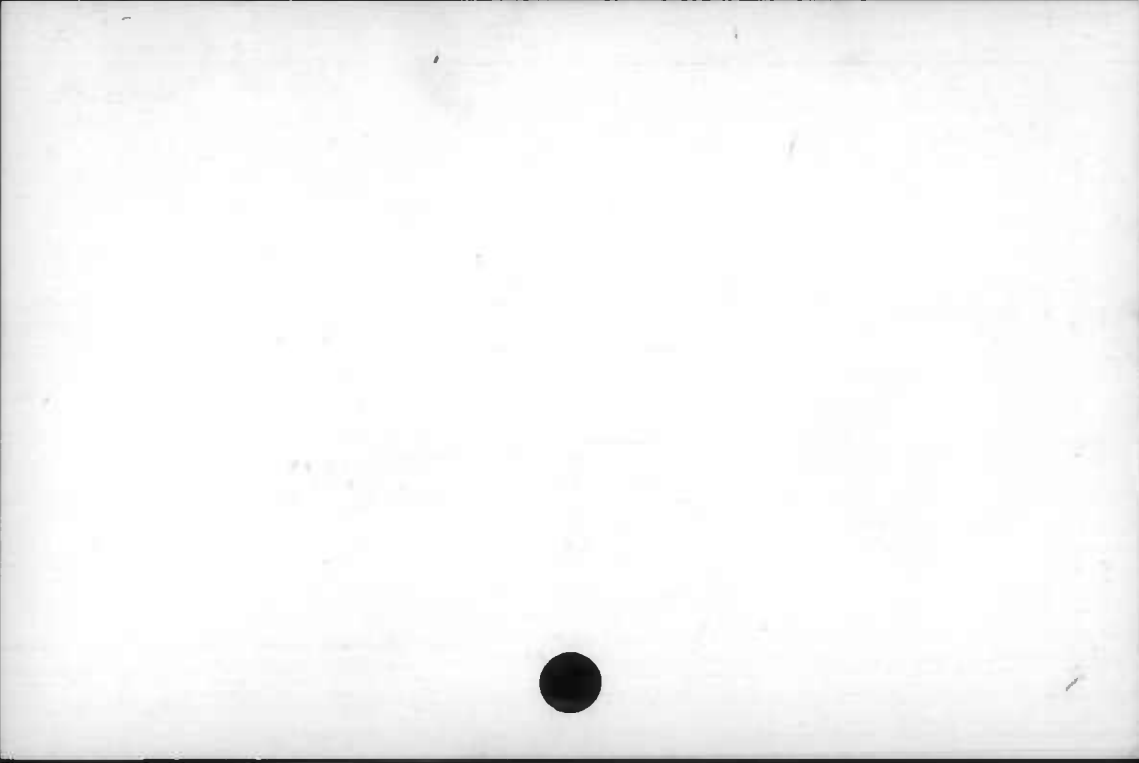
Died at <u>Fredericks</u> Town		County		MARYLAND	
Date of death <u>1910</u>	Month <u>7</u>	Day <u>3</u>	Age <u>-</u>	Months <u>-</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Frederick Md</u>		
Occupation <u>-</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Harry. Helebrand</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Marie Michel</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Harry. Helebrand</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Malnutrition</u>	How long	
Immediate	<u>Asystole</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Fl. H. Hager</u>	
		Address <u>Frederick</u>	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

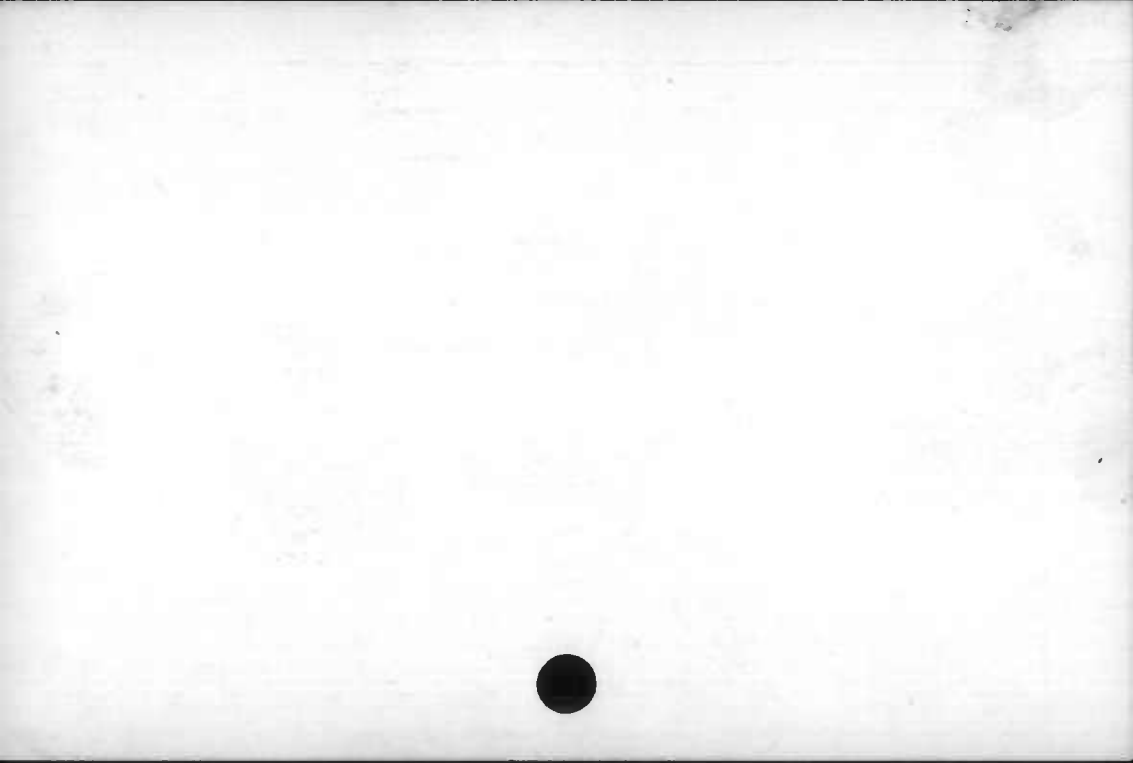
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jefferson</i> Town <i>Tridk</i> County		MARYLAND	
Date of death 19 <i>00</i> Month <i>4</i> Day <i>2</i>	Age <i>88</i> Years	Month <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Tridk Mo</i>	
Occupation <i>Retired Butcher</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Hannah</i>		
Father's Name <i>Frederick</i>	Father's Birthplace <i>Tridk Mo</i>		
Mother's Maiden Name <i>Julia Kellogg</i>	Mother's Birthplace <i>Ill Ill</i>		
Name of person giving Information <i>Robert Herrick</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>One week</i>
Immediate <i>Heart Failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>D. H. Bolester, Cross Jefferson Md</i>
Accident or Suicide	





Name  
in  
Full

Hicks Arthur

## CERTIFICATE OF DEATH

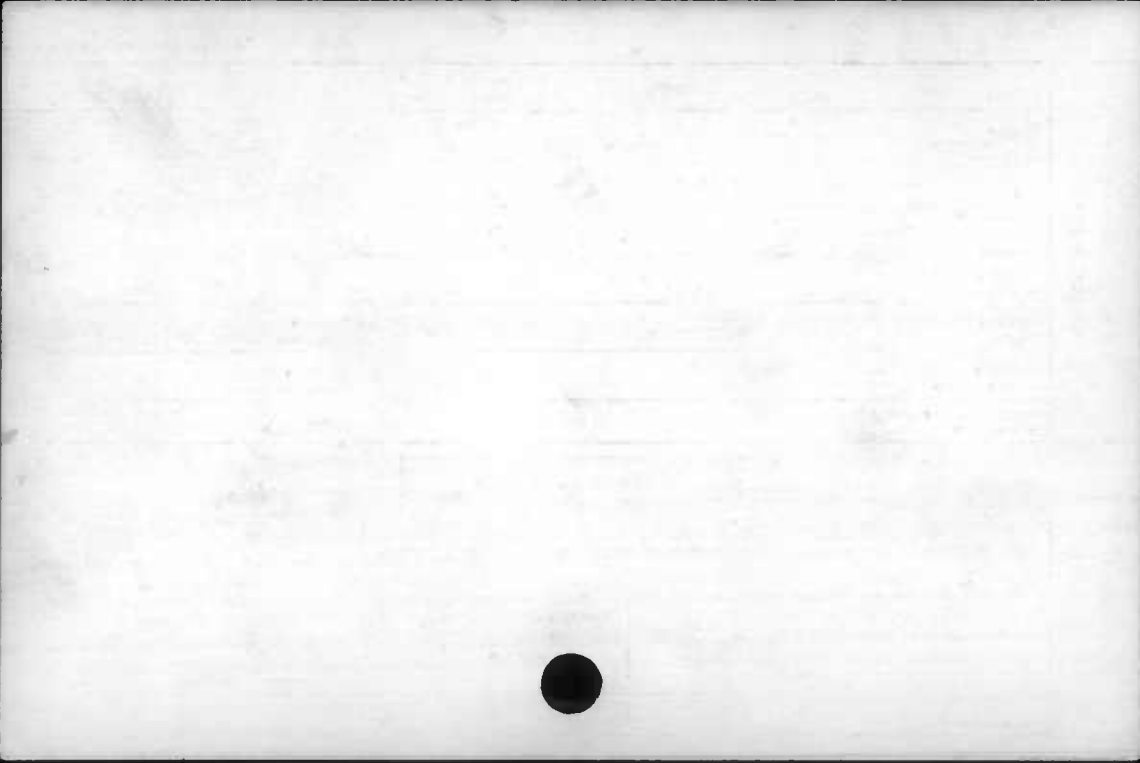
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Monte Fredenick</i>		Town <i>Fredenick</i>		County <i>C</i>		MARYLAND	
Date of death <i>1960</i>		Month <i>4</i>		Day <i>12</i>		Age <i>6</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fred Co Md</i>		Months <i>9</i> Days <i>19</i>	
Occupation <i>0</i>		Where Residing if not at place of death <i>Burkittsville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edmond Hicks</i>		Father's Birthplace <i>Pa. Co.</i>					
Mother's Melden Name <i>Maria Canner</i>		Mother's Birthplace <i>Fred. Co. Ind.</i>					
Name of person giving Information <i>Edmond Hicks</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>(2)</i>
Immediate	<i>Perforation of tone</i>	How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. F. Talley M.D.</i>	
In Hospital <i>but took (10) hours.</i>		Address <i>Fredenick Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

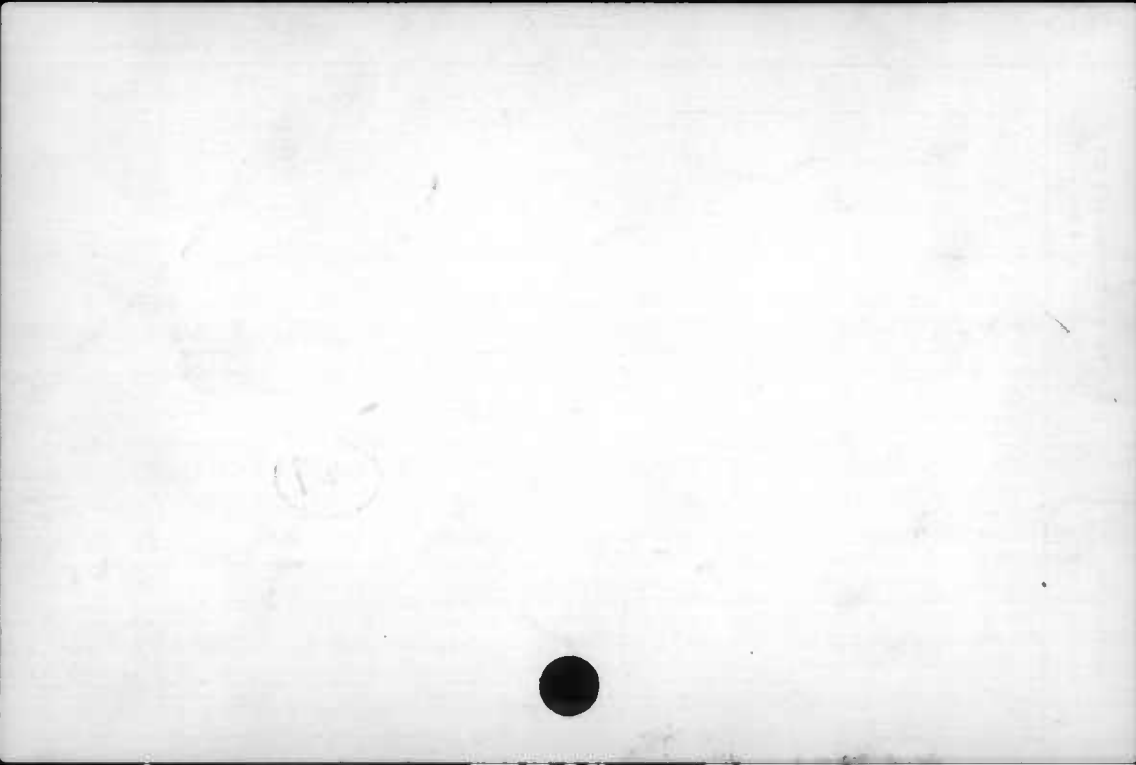
Died <i>Star Emmitsburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>April</i>		Day <i>22</i>		Age <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Martinsburg Pa.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Middleburg, Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Geo. F. Johnson</i>					
Father's Name <i>Isaac Groff</i>		Father's Birthplace <i>Lancaster Pa.</i>					
Mother's Maiden Name <i>Margaret E. Koontz</i>		Mother's Birthplace <i>Franklin Co. Pa.</i>					
Name of person giving Information <i>"</i>		<i>"</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Eichelberger</i>	Address <i>Emmitsburg Md</i>
<i>Accident or Suicide</i>			



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Virginia Jones</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at		Month <i>April</i>		Day <i>10</i>		Years <i>64</i>	
Date of death <i>1940</i>		Month <i>April</i>		Day <i>10</i>		Years <i>64</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Franklin Co. Pa</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm H. Jones.</i>					
Father's Name <i>Jacob Miller</i>		Father's Birthplace <i>Franklin Co. Pa</i>					
Mother's Maiden Name <i>Mary Brown</i>		Mother's Birthplace <i>Green County Pa</i>					
Name of person giving Information <i>Family bible</i>		How related to deceased <i>X</i>					

## CAUSES OF DEATH

Primary <i>Cholelithiasis</i>	How long <i>2 years</i>
Immediate <i>Acute Cholecystitis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm M. Smith</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Rosanna Keafauver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Singanon Hills* <sup>Town</sup> *Fredericks* <sup>County</sup> **MARYLAND**

Date of death *1900* <sup>Month</sup> *4* <sup>Day</sup> *13* Age *70* <sup>Months</sup> *0* <sup>Days</sup> *3*

Sex *Female* Color or Race *White* Birth-place *Fredericks Co Md*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *George H. Keafauver*

Father's Name *Joel Keller* Father's Birthplace *Fredericks Co Md*

Mother's Maiden Name *Sheffer* Mother's Birthplace *" " "*

Name of parson giving Information *Geo. H. Keafauver* How related to deceased *Husband*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Carcinoma of liver* How long *Several months*

Immediate *General Asthenia* How long *Several weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Hendrix, M.D.*

Address *Fredericks, Md.*

Accident or Suicide *---*

Interment Apr 17- 1910  
" at Reformed Cemetery  
Middletown.

Thomas P. Rice F. & L.

Dr. Hendrix.

Dr. Goodell.

Dr. McCurdy.



Name  
in  
Full

Henry M. Keller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Myersville <sup>Town</sup> Frederick <sup>County</sup>

Date of death 1990 <sup>Month</sup> 4 <sup>Day</sup> 4 <sup>Age</sup> 56 <sup>Months</sup> 4 <sup>Days</sup> 24

Sex Male Color or Race White Birth-place Myersville Md.

Occupation Farmer Where Residing if not at place of death Myersville Md.

Married, Single or Widowed Married Name of Wife or Husband Helen. Keller

Father's Name Henry Keller Father's Birthplace Myersville Md.

Mother's Maiden Name Joseph. Biser Mother's Birthplace Middleton

Name of person giving Information Helen. Keller How related to deceased Wife

## CAUSES OF DEATH

92 ✓

PHYSICIAN  
OR CORONER

Primary Pneumonia How long 7 days

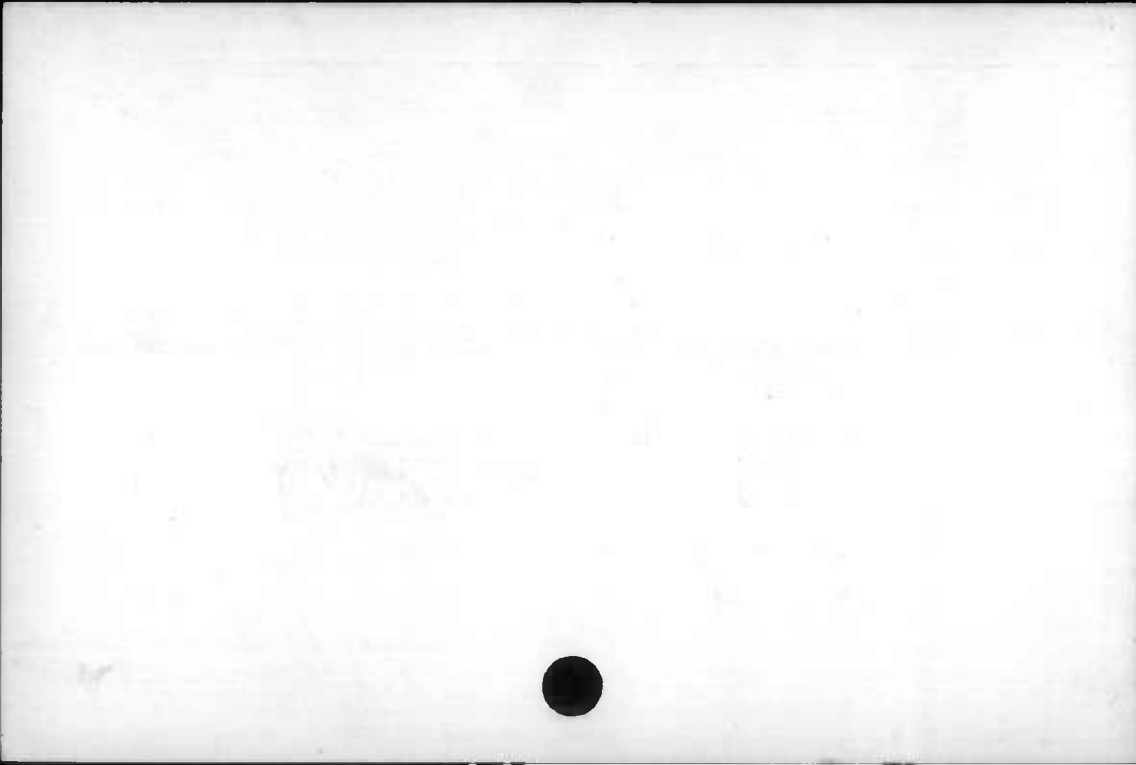
Immediate Circulatory Failure How long gradual

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician B. H. Hoke M.D.

Address Myersville Md.

Accident or Suicide



Name  
in  
Full

Eval M. Lueb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1900 Month April Day 24 Age 18 Years 11 Months 4 Days

Sex Female Color or Race White Birth-place Md Lueb

Occupation House. Miss. Knitter Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Theodore Lueb Father's Birthplace Md

Mother's Maiden Name Annie Stueck Mother's Birthplace Md

Name of person giving Information Mrs Theo Lueb How related to deceased Mother

CAUSES OF DEATH

35

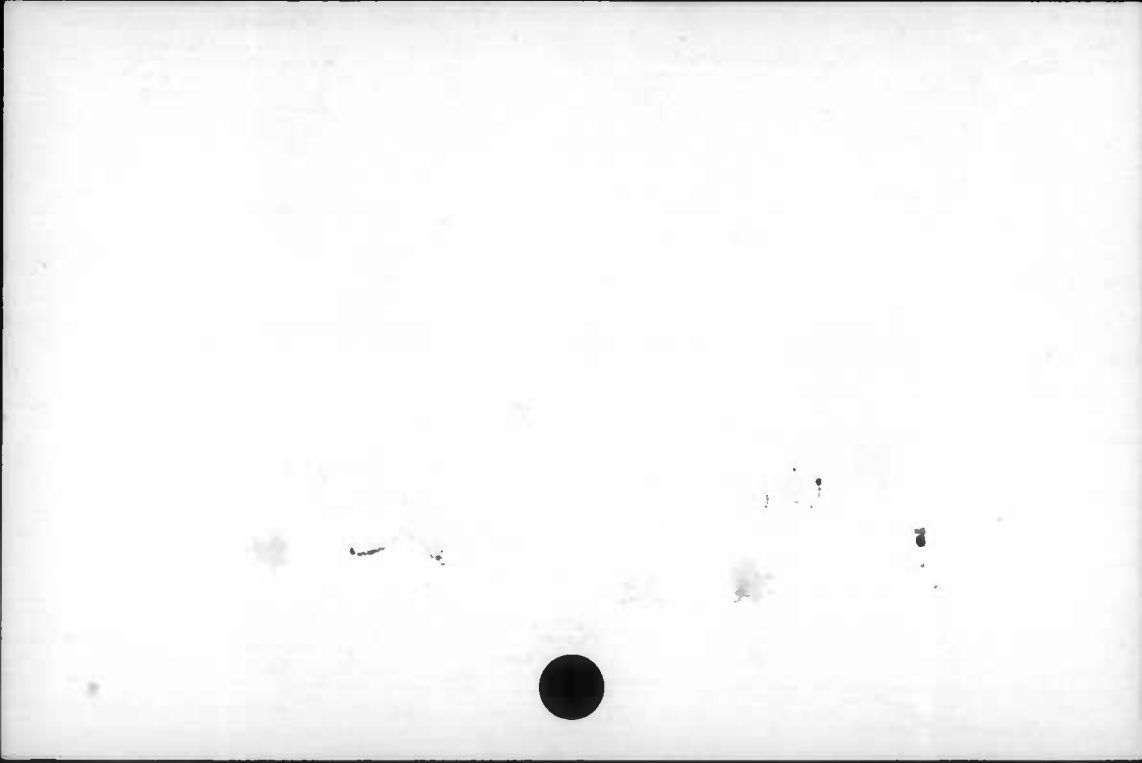
PHYSICIAN  
OR CORONER

Primary Tuberculosis, General How long 4 Mos

Immediate Spasms How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. M. C. Bundy Address 15 W. Patrick



Name  
in  
Full

*McCabe* Still-bone chief

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Still-bone* Town *Lincoln* County *X*

Date of death *still-bone* Month *4* Day *9* Age *Years* Months *Days*

Sex *Female* Color or Race *White* Birth-place *Lincoln*

Occupation *~~~~~* Where Residing if not at place of death *~~~~~*

Married, Single or Widowed *~~~~~* Name of Wife or Husband *~~~~~*

Father's Name *Frank McCabe*

Father's Birthplace *Co*

Mother's Maiden Name *Eliza Funch*

Mother's Birthplace *Co*

Name of person giving information *Beef*

How related to deceased *bro*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

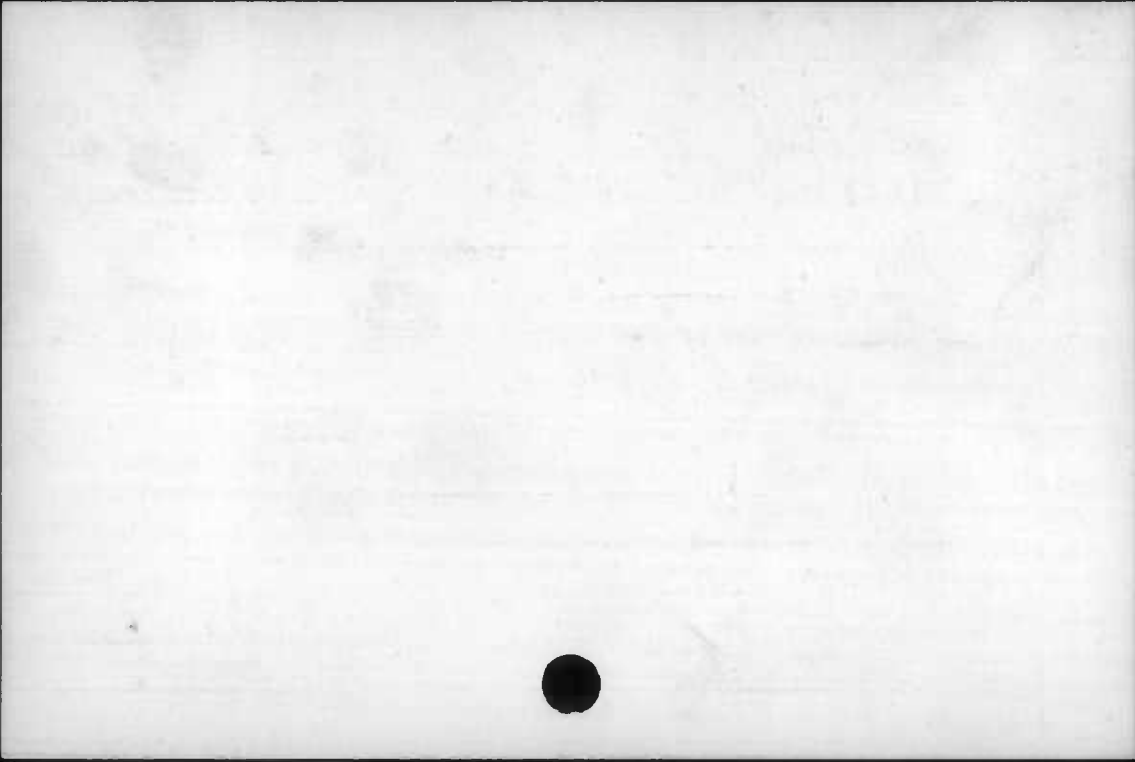
*Yes.*

Signature of Physician

Address

*Franklin Buchanan Smith*  
*city*

Accident or Suicide?



Name  
in  
Full

66 Mark's

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

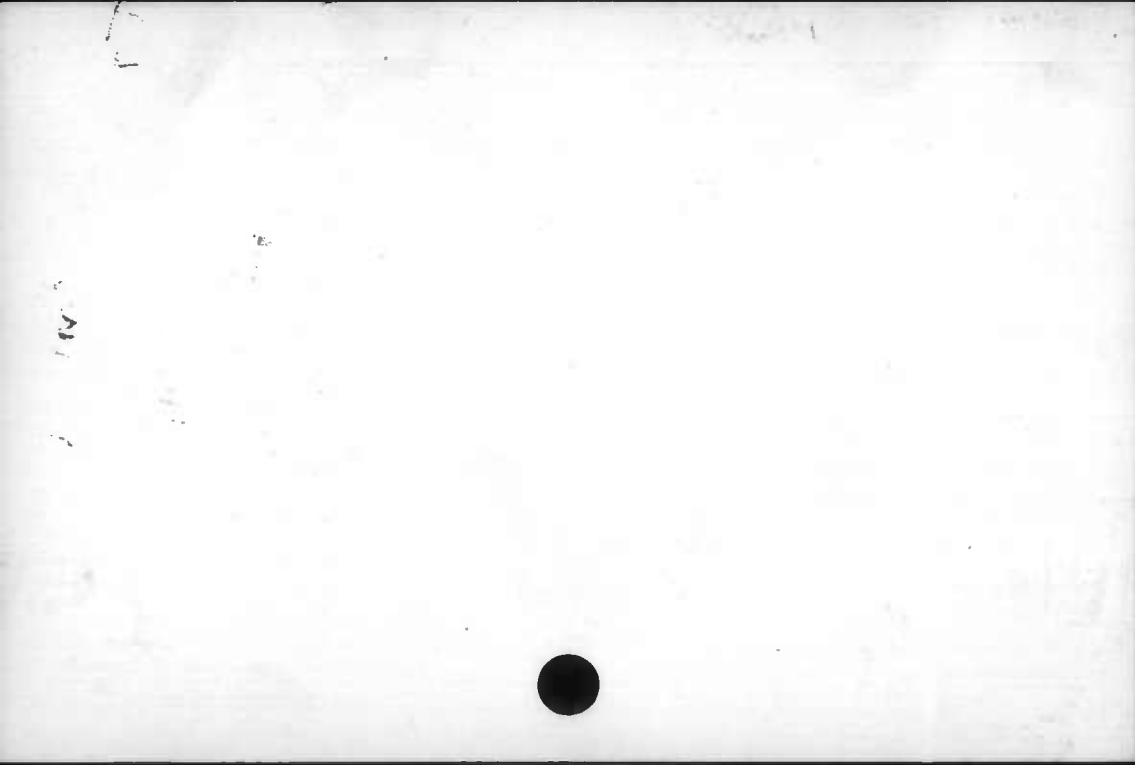
Died at <u>Brunswick</u> <sup>Town</sup>		<u>Fredrick</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1990</u> <sup>Year</sup>	<u>April</u> <sup>Month</sup>	<u>19</u> <sup>Day</sup>	Age <u>60</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup> <u>5</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Maryland</u>
Occupation	<u>Engineer</u>		Where Residing if not at place of death <u><del>the above</del></u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u><del>the above</del></u>			
Father's Name	<u>Mr. Mark</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Sarah Mark</u>			Mother's Birthplace	<u>Pa.</u>
Name of person giving information	<u>Mrs E V Hathway</u>			How related to deceased	<u>Landlady</u>

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Acute Bright Disease</u>	How long	<u>1 year</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr H S Hefner</u>
		Address	<u>Brunswick Md</u>
Accident or Suicide	<u>7</u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Hannah Elizabeth Martin

Town

County

MARYLAND

Died at Brunswick

Years

Months

Days

Date of death 1940 Apr. 3

Age 28

Sex Female

Color or  
Race

White

Birth-  
place

Washington C.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Huaband

J. Edward Martin

Father's  
Name

Nathaniel Grimes

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Tabitha Hughes

Mother's  
Birthplace

Virginia

Name of person giving  
Information

J.E. Martin

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Tuberculosis with pneumonia

How long

1 year

Immediate

Total Exhaustion

How long

3 or 4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

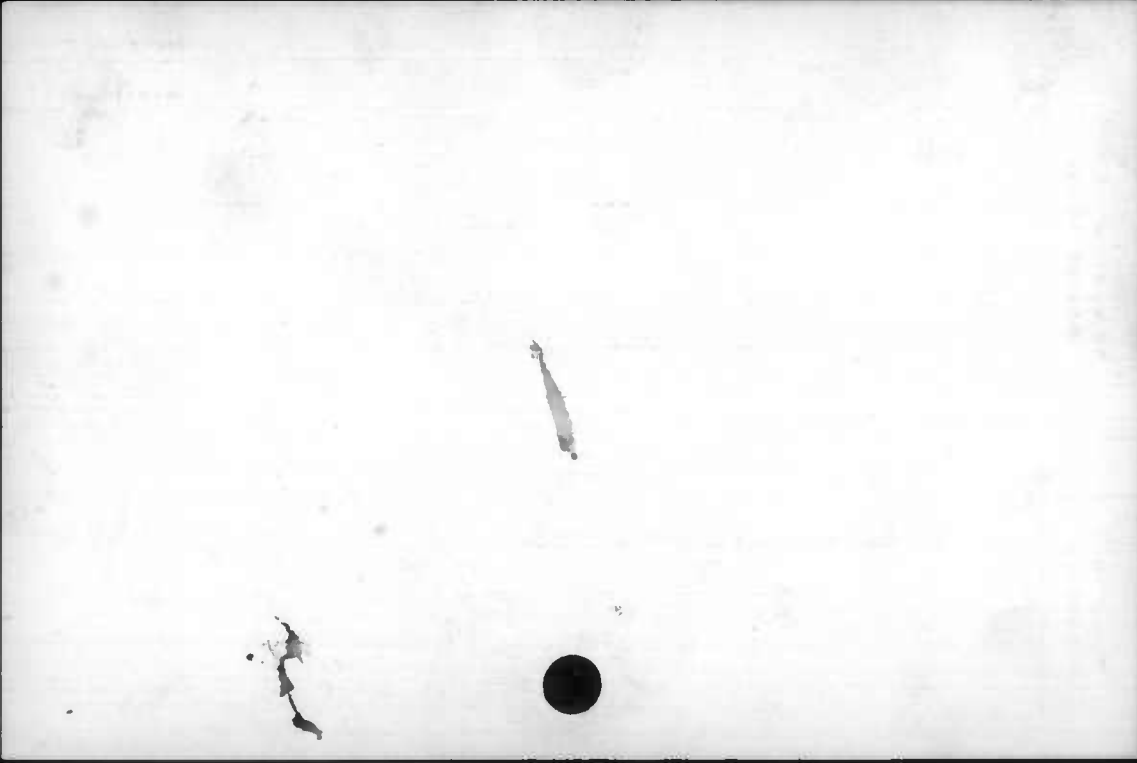
Address

J. W. R. R. R.  
Brunswick, Md.

Accident or Suicide

J -

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Edward Martin*  
 Town *near Creagers Town* County *Frederick* MARYLAND  
 Died at  
 Date of death *1960* Month *4* Day *7* Age *76* Months *—* Days *3*  
 Sex *male* Color or Reca *white* Birth-place *Maryland*  
 Occupation *retired* Where Residing if not at place of death *—*  
 Married, ~~Single~~ *married* Name of Wife or Husband *Almeta R. Arthur*  
 or Widowed  
 Father's Name *Jacob Martin* Father's Birthplace *Md*  
 Mother's Maiden Name *Matilda Yanson* Mother's Birthplace *"*  
 Name of person giving Information *Mrs Cal Ogle* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Arterial Sclerosis & Chronic Hypertension* How long *10 yrs*  
 Immediate *Paralysis* How long *5 days*

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Morris A. Brilly*  
*Thurmont -*  
*Md.*

Accident or Suicide

*~*

09

Name  
in  
Full

## CERTIFICATE OF DEATH

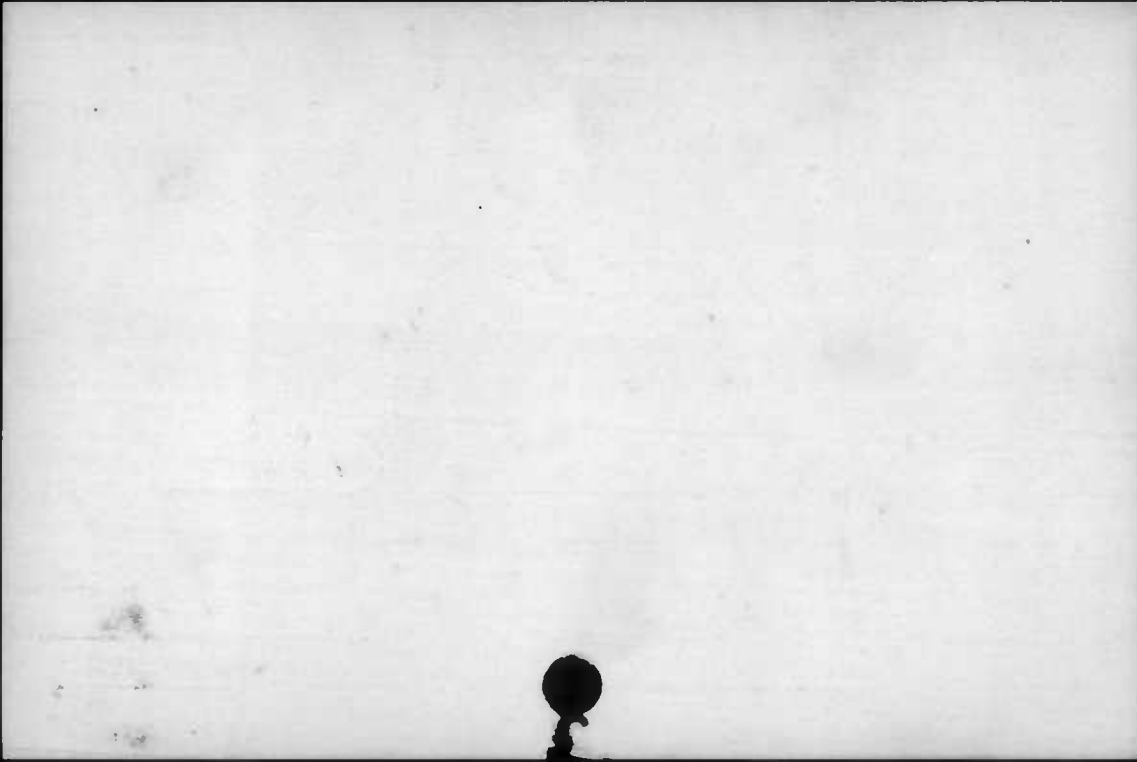
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sarah B. Martin</i>		Town <i>Loy's</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Loy's</i>		Month <i>April</i>		Day <i>28</i>		Years <i>53</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>28</i>		Age <i>53</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Barroll Co.</i>		Months <i>1</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>		Days <i>15</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Martin</i>		Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Fredk Co</i>	
Father's Name <i>Peter Moser</i>		Mother's Maiden Name <i>Harriet Fox</i>		How related to deceased <i>1</i>			
Name of person giving information <i>[Signature]</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Pneumonia</i>	How long <i>14 days</i>
Immediate <i>Asthenia</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. S. Young</i>
	Address <i>Fredericktown</i>
	<i>Fredk Co.</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

~~Abraham~~ Geo Marsdey

Town County

Died at Monticent Frederick

MARYLAND

Date of death 1940 4 9 Age 81

Sex male Color or Race White Birth-place Penna

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Don't know

Father's Name Sout Snow Father's Birthplace Sout Snow

Mother's Maiden Name Sout Mother's Birthplace Sout

Name of person giving Information William Morrissey How related to deceased none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Carcinoma of the Ear How long (2)

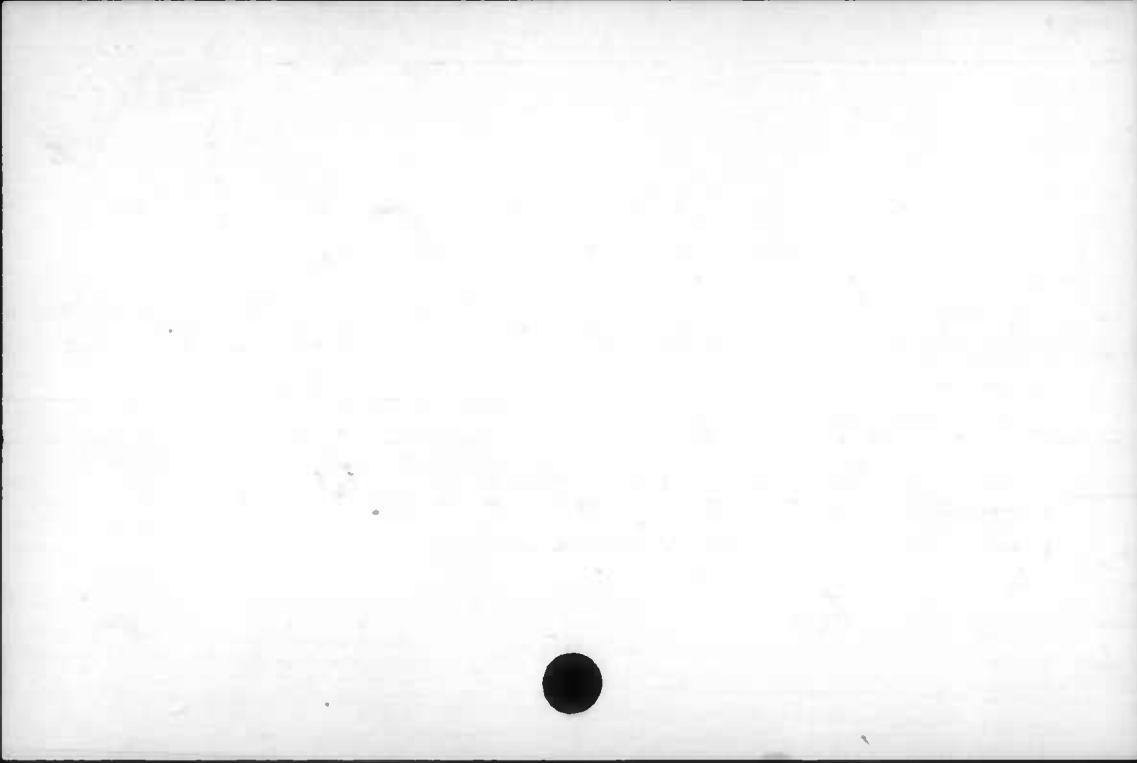
Immediate Asthenia How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. P. Fabney

Address Frederick MD

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

Addie Johnson Matthews

Town

County

Died at Montrose Hptl Frederick

MARYLAND

Date

of death 1940

Month

4

Day

21

Age

Years

30

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Frederick

Occupation

Maid

Where Residing if not  
at place of death

Frederick

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Matthews

Father's  
Birthplace

Fredk Co Md

Mother's  
Maiden Name

Emma Murdock

Mother's  
Birthplace

Frederick

Name of person giving  
Information

Lillian Matthews

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Tuberculosis (Intestinal)

How long

Years.

Immediate

Asthma

How long

3 mos

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. P. Fahmy MD

Address

Frederick Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment April 23 - 1910  
" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr H. P. Fahmy

Dr Goodell

Dr McCurdy.

Name  
in  
Full

CERTIFICATE OF DEATH

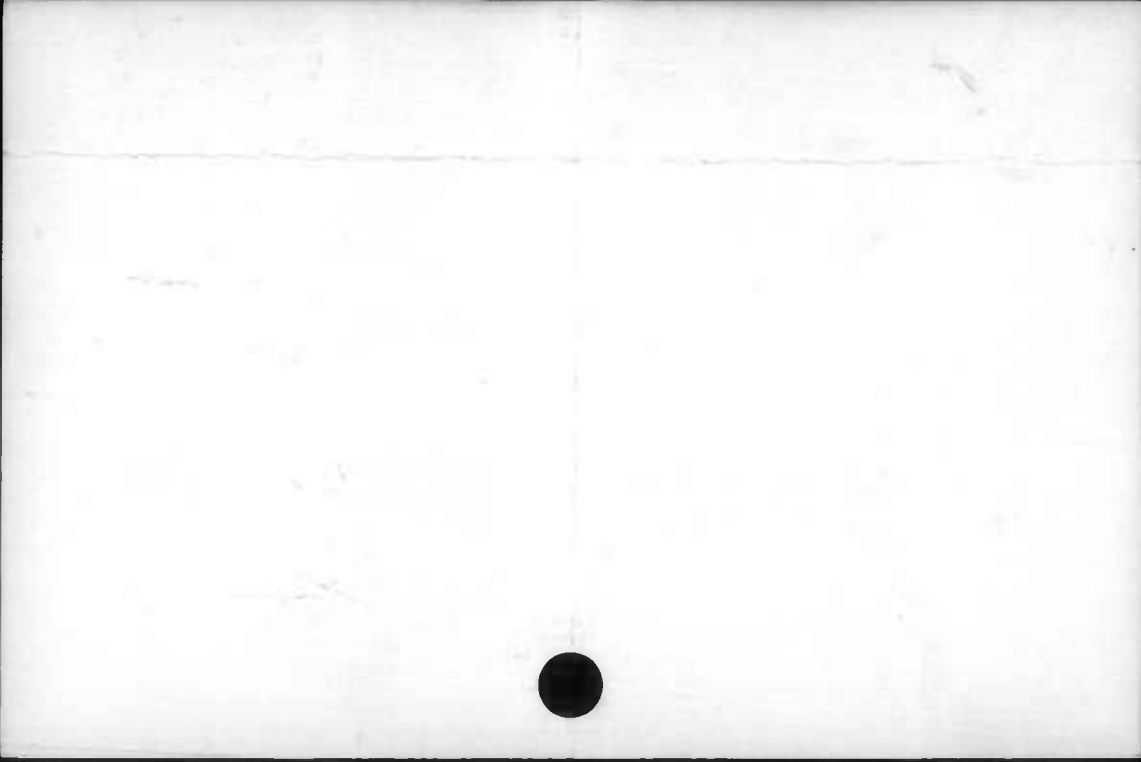
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Margaret Orpha Miller* County *Frederick* Maryland  
Died at *Woodboro* Town  
Date of death *1900 April 18* Age *77* Months *—* Days *—*  
Sex *Female* Color or Race *White* Birth-place *Maryland*  
Occupation *Housekeeper* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *—*  
Father's Name *Jos Miller* Father's Birthplace *Penn*  
Mother's Maiden Name *Wolfe* Mother's Birthplace *Penn*  
Name of person giving Information *Mrs E. W. Anderson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Fraction of High* How long *7 weeks*  
Immediate *Uremia* How long *6 days*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Isaiah M. Cuddy*  
Address *Frederick*  
Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James Moberly*

Town *Mountain View* County *Frederick* MARYLAND

Died at *Mountain View Frederick*

Date of death *1900* Month *4* Day *24* Age *80* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Fredk Co Md*

Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widower* Name of Wife or Husband *Maria Lyles*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *Unknown*

Name of person giving Information *Mary Bouwtee* How related to deceased *Daughter*

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *General Debility -* How long *3 months +*

*Asthma* How long *(2)*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Harry M. Faking md* Address *Frederick Md*

Accident or Suicide *—*

Interment April 26, 10

" at Greenmount Cemetery

Thomas P. Rice F.O.

Dr Fahmy

Dr Goodell

Dr McCurdy

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lewis Martin Mutter*

Town *Emmitsburg* County *Fredrick* MARYLAND

Died at *Emmitsburg*

Date of death 19*40* Month *Apr.* Day *27* Age *95* Months *2* Days *20*

Sex *Male* Color or Race *White* Birth-place *Emmitsburg*

Occupation *Retired Farmer* Where Residing if not at place of death *L*

~~Married, Single~~ Widowed Name of Wife or Husband *Alie Rudol (Wid)*

Father's Name *Lewis Mutter* Father's Birthplace *Emmitsburg*

Mother's Maiden Name *Mary Mutter* Mother's Birthplace *Emmitsburg*

Name of person giving Information *Mrs Carrie Bach* How related to deceased *Daughter*

CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary *Old Age* How long *L*

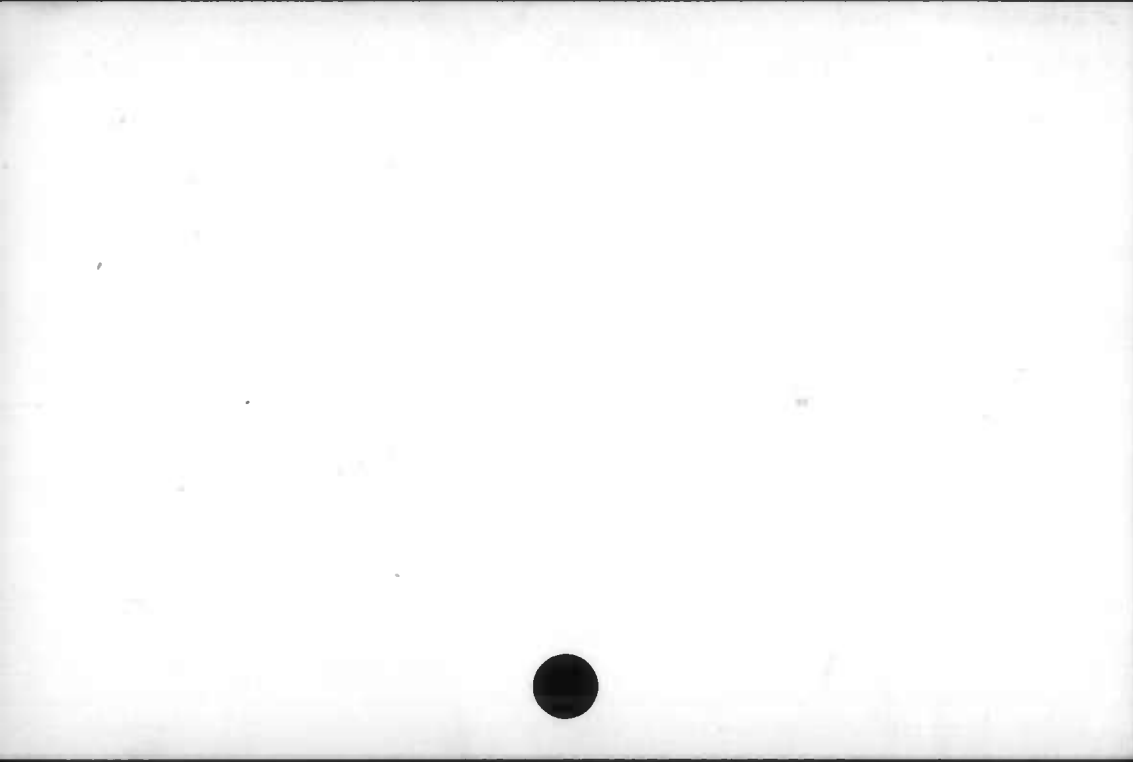
Immediate *Hypostatic Pneumonia* How long *7 Days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. W. Starns*

Address *Emmitsburg Md*

Accident or Suicide





Name  
in  
Full

William G. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mountain Mills Frederick Town County MARYLAND

Date of death 1960 Apr 1 Age 18 7 Months 1 Days

Sex Male Color or Race White Birth-place MD

Occupation Laborer Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name William R. Murphy Father's Birthplace MD

Mother's Maiden Name Anna S. Bassard Mother's Birthplace MD

Name of person giving Information William R. Murphy How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 99 How long 5 days

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. H. Hopkins M.D.

9 Address New Market

Accident or Suicide no MD

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

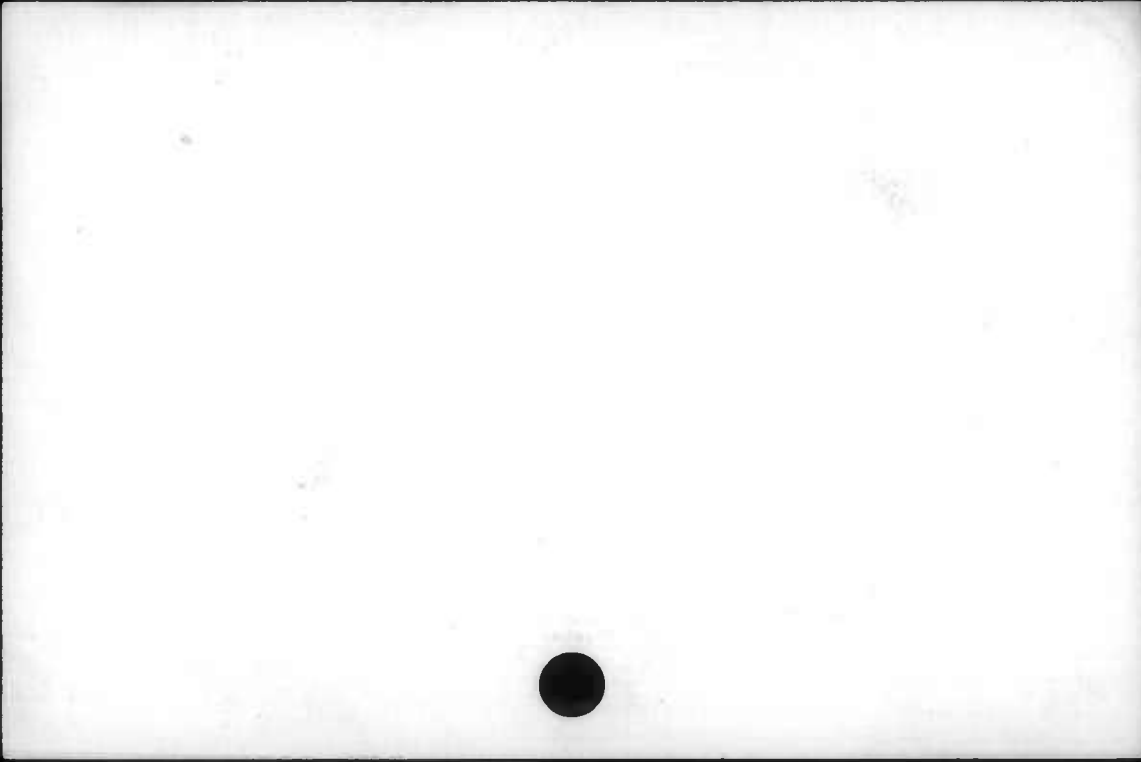
MARYLAND

Name: *Mr Elizabeth C. B. Narbe*  
 Died at: *Frederick* Town *Frederick* County  
 Date of death: *1960* Month *April* Day *2* Age *76* Years Months Days  
 Sex: *Female* Color or Race: *White* Birth-place: *Germany*  
 Occupation: *House Wife* Where Residing if not at place of death: *Frederick*  
 Married, Single or Widowed: *Single* Name of Wife or Husband: *Andrew Narbey*  
 Father's Name: *Henry Shafer* Father's Birthplace: *Germany*  
 Mother's Maiden Name: *Henry Shafer* Mother's Birthplace: *Germany*  
 Name of person giving Information: *William Shuff* How related to deceased: *Son in Law*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: *Carcinoma Uteri* How long: *42* years  
 Immediate: *Acute Myocardial Infarction* How long: *3 months*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician: *H. P. V. Palmer MD*  
 Address: *Frederick MD*  
 Accident or Suicide: *No*



Name  
in  
Full

Edward Nicholas

## CERTIFICATE OF DEATH

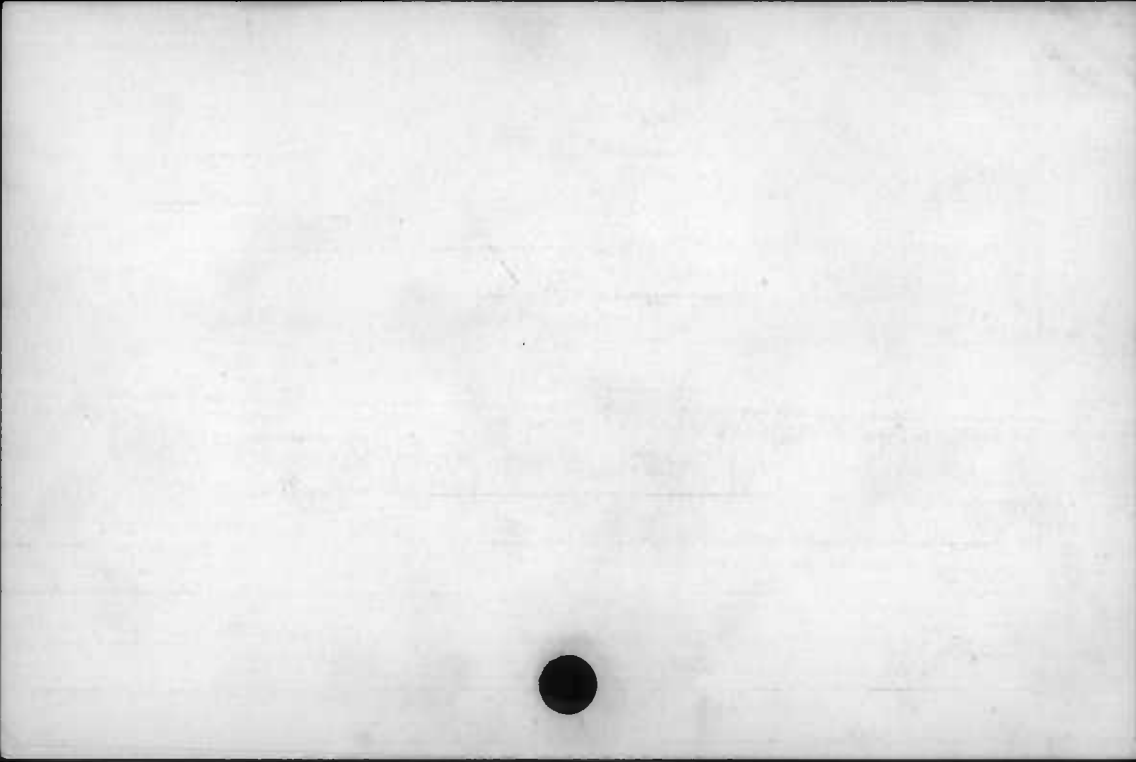
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Adamstown</u> <sup>Town</sup>		<u>Fredrick</u> <sup>County</sup>		MARYLAND	
Date of death <u>1900</u>	<u>April</u> <sup>Month</sup>	<u>2</u> <sup>Day</sup>	<u>76</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Montgomery Co. Md</u>		
Occupation <u>Farmer.</u>	Where Residing if not at place of death <u>His home</u>				
Married, Single or Widowed <u>married</u>	Name of Wife <u>Anne Virginia</u> <sup>Husband</sup>				
Father's Name <u>Jacob Nicholas</u>	Father's Birthplace <u>?</u>				
Mother's Maiden Name <u>Bessie Rawlings</u>	Mother's Birthplace <u>Id.</u>				
Name of person giving information <u>Mr. Chas. Nicholas</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular heart lesion</u>	How long <u>2 yrs.</u>
Immediate <u>Acute indigestion</u>	How long <u>One hour.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>[Signature]</u>
<u>9</u>	Address <u>Fredrick</u>
Accident or Suicide?	<u>llll</u>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Alize A. Rausburg*  
Died at *Frederick* <sup>Town</sup> *Frederick* <sup>County</sup> *MARYLAND*

Date of death *1900* <sup>Month</sup> *April* <sup>Day</sup> *16* Age *1* <sup>Months</sup> *5* <sup>Days</sup> *16*

Sex *Female* Color or Race *White* Birth-place *Frederick, Md.*

Occupation *none* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John H. Rausburg* Father's Birthplace *Frederick, Md.*

Mother's Maiden Name *Ella Houch* Mother's Birthplace *Frederick, Md.*

Name of person giving Information *Ella H. Rausburg* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN'S  
OR CORONER

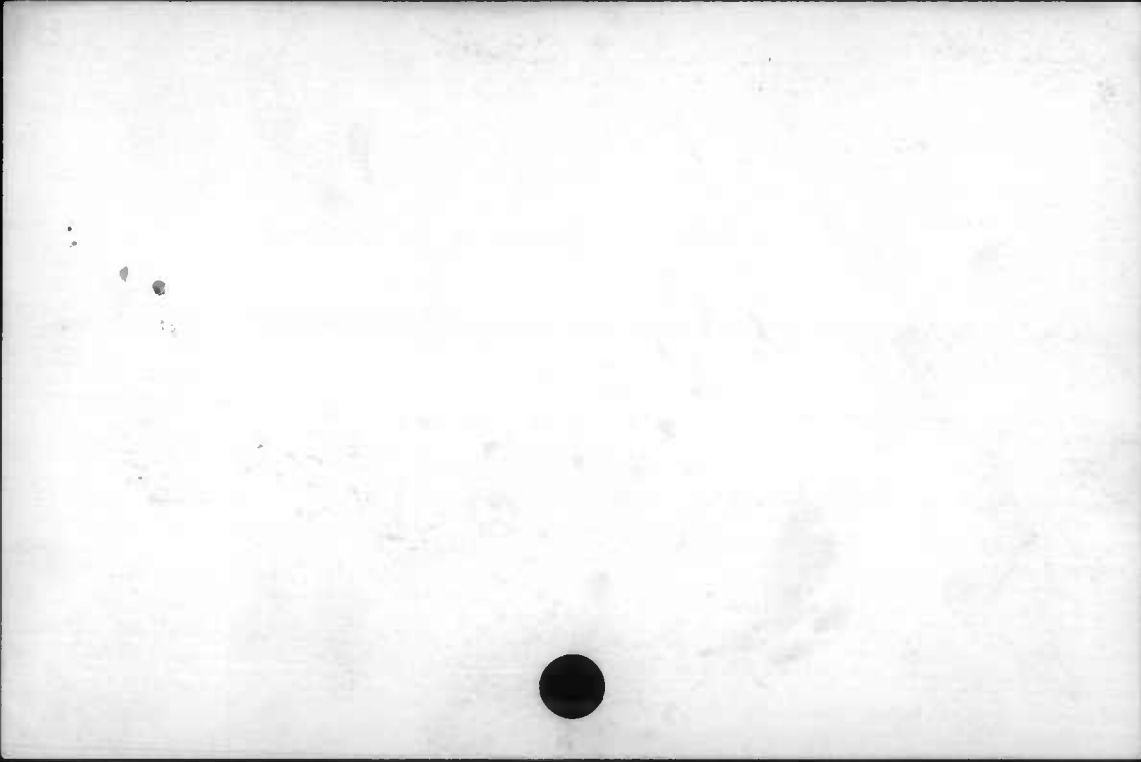
Primary *Double Pneumonia* <sup>How long</sup> *Four days*

Immediate *Anemia & Apnoea* <sup>How long</sup> *One day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. J. Haffner*

Address *Frederick, Md.*

Accident or Suicide *—*





Name  
in  
Full

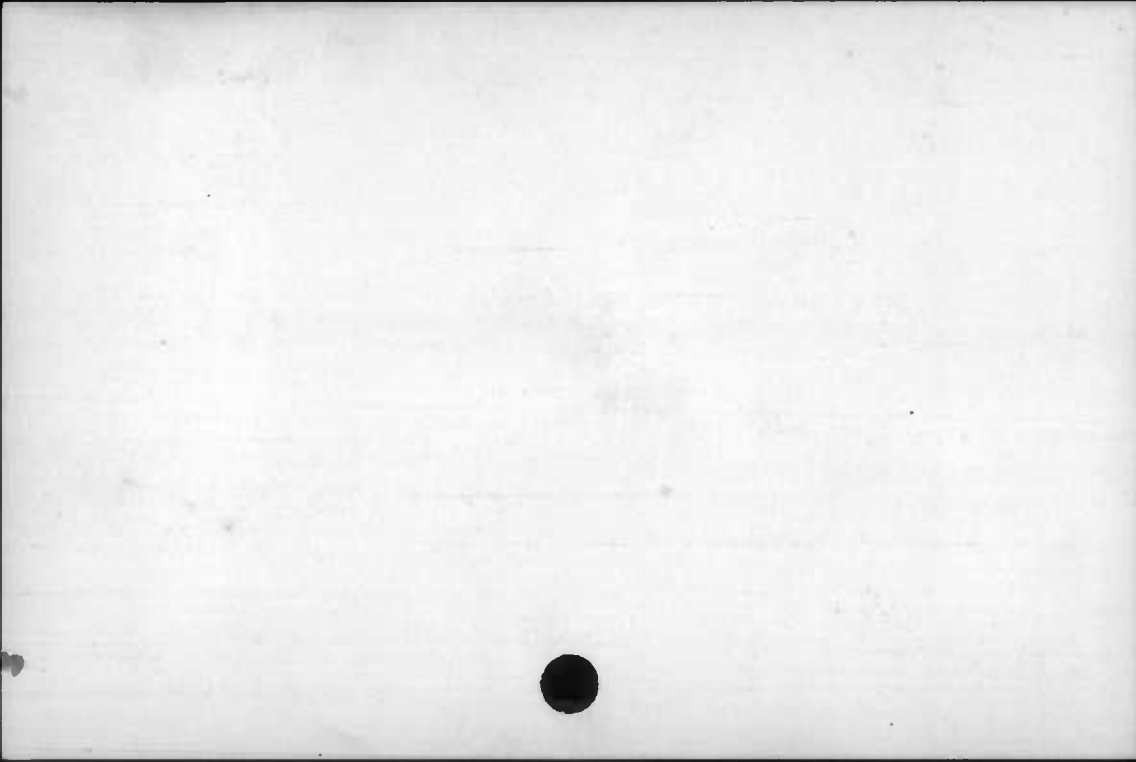
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>4</i>	Day <i>7</i>	Age _____	Months _____	Years <i>2 hrs</i>
Sex <i>Male</i>	Color or Race <i>Coloured</i>		Birth-place <i>Burkittsville Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Unknown</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Bessie Robinson</i>			Mother's Birthplace <i>Phila Pa</i>		
Name of person giving information <i>Susan Robinson</i>			How related to deceased <i>Sister-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Premature birth</i>	How long <i>2 hrs</i>
	Immediate _____	How long _____
	Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>See your letter</i>
	Accident or Suicide? <i>2</i>	Address <i>Burkittsville Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

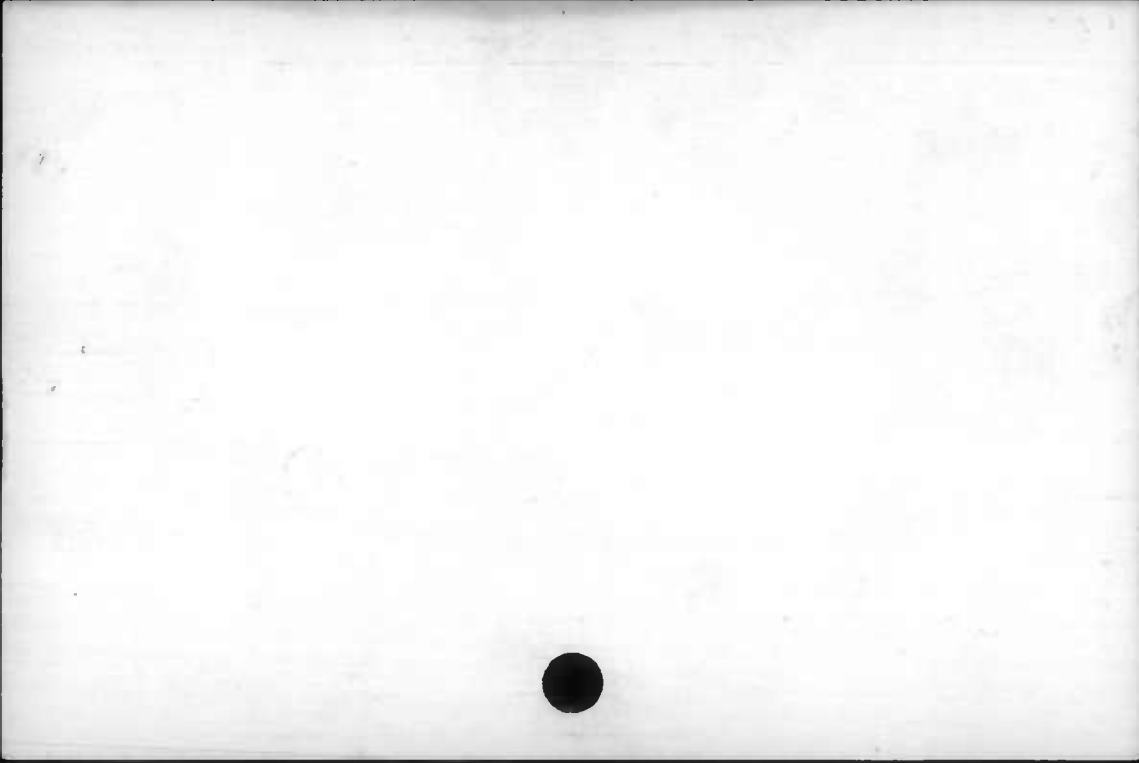
Name in Full <i>Margarett E. Schindler</i>		Town <i>Middleton</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Middleton</i>		Month <i>April</i>		Day <i>14</i>		Years <i>39</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>14</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>3</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>20</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Md</i>			
Father's Name <i>David Schindler</i>		Mother's Maiden Name <i>Ann Catherine Michael</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Ed Tomo</i>		How related to deceased <i>Nephew</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	<i>Abscess of R. Lung</i>	How long <i>15 days</i>
Immediate	<i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. C. Lamm</i>
		Address <i>Middleton Md</i>
Accident or Suicide <i>—</i>		

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

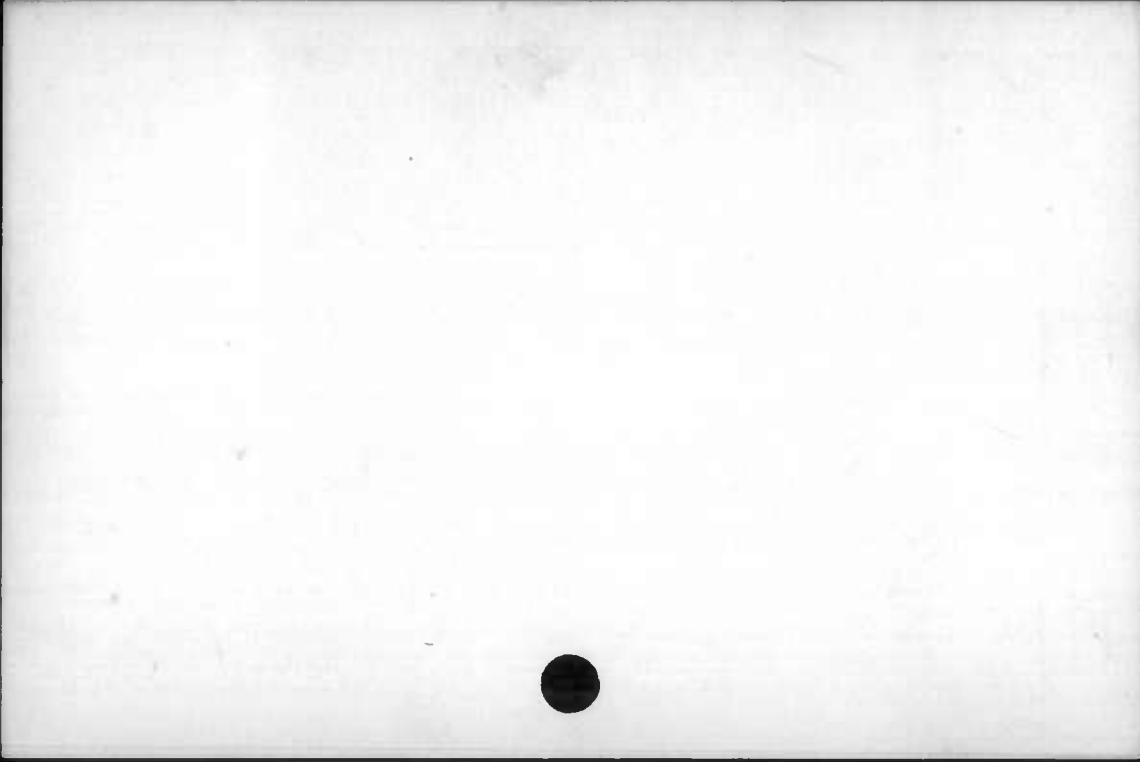
Died at		Town <i>Wolfsville</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>4</i>	Day <i>14</i>	Age <i>78</i>	Months <i>4</i>	Days <i>15</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Fairfield</i>	
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Sarah E. Magruder</i>				
Father's Name	<i>Benjamin Shuff</i>				Father's Birthplace <i>Va</i>		
Mother's Maiden Name	<i>Do not know Magruder name</i>				Mother's Birthplace <i>Va</i>		
Name of person giving Information <i>John W. Hoover</i>				How related to deceased <i>not related</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonia Regurgitation</i>	How long <i>Do not know</i>
Immediate	<i>Exhaustion</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Davison</i>
		Address <i>Wolfsville</i>
		<i>Was not in attendance at time of death</i>
Accident or Suicide? <i>_____</i>		



Name  
in  
Full

Elizabeth Sigler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <sup>Town</sup>		<i>Fred.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900</i>	Month <i>4</i>	Day <i>1</i>	Age <i>74</i>	Months <i>0</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Daniel Sigler</i>				
Father's Name <i>John Arsherman</i>	Father's Birthplace <i>Fred. Co.</i>				
Mother's Maiden Name <i>Sydia Arnold</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Oliver Sigler</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>64</i> <sup>hours</sup>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>y</i>	Signature of Physician <i>Geo. J. [unclear]</i>
	Address <i>Burkittsville Md</i>
Accident or Suicide	





Name  
in  
Full

Emma Jane Stifer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 1300 1/2 Town Frederick County MARYLAND

Date of death 1980 Month Apr Day 17 Age 62 Years Months Days

Sex Female Color or Race white Birth-place Ind

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Geo. C. Stifer

Father's Name Thomas Kearn Father's Birthplace Ind

Mother's Maiden Name Susan R. Hetcher Mother's Birthplace Ind

Name of person giving information Geo. C. Stifer How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

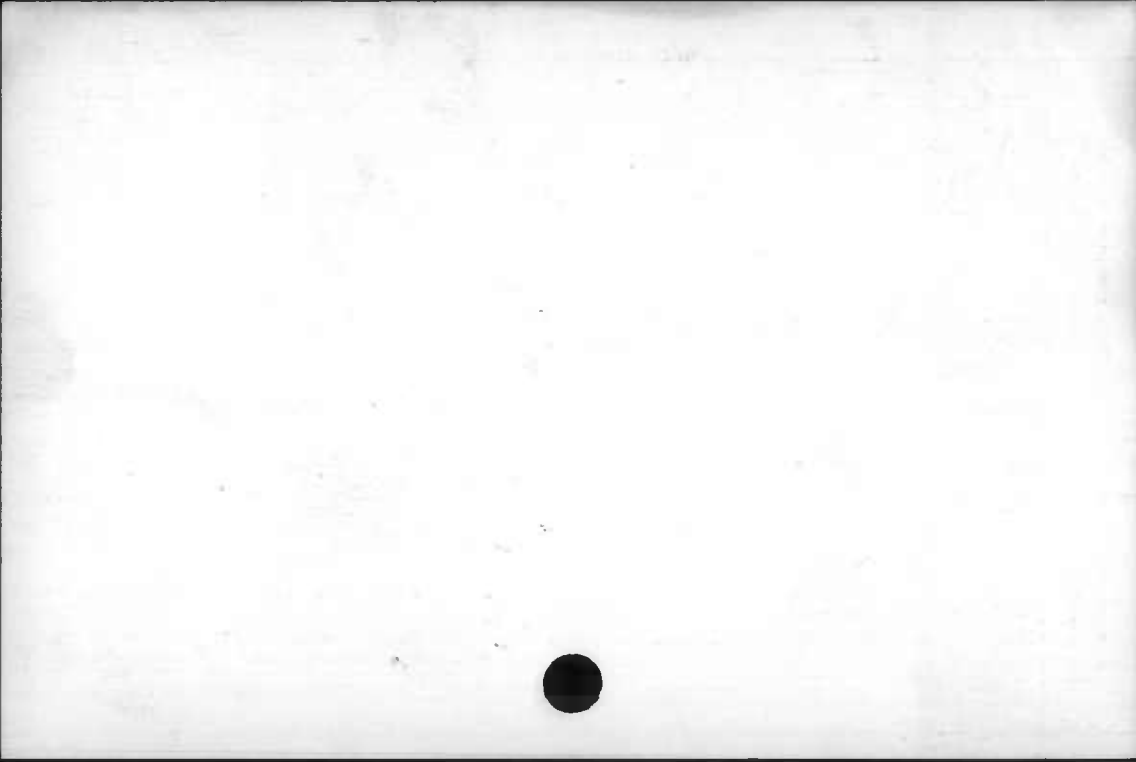
Primary Palmar Ectent - Sun How long Several years

Immediate Indigestion (?) How long 02 Hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Kevin West

Address Brunswick  
Frederick Co

Accident or Suicide



Name  
in  
Full

Ray Edward Stine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

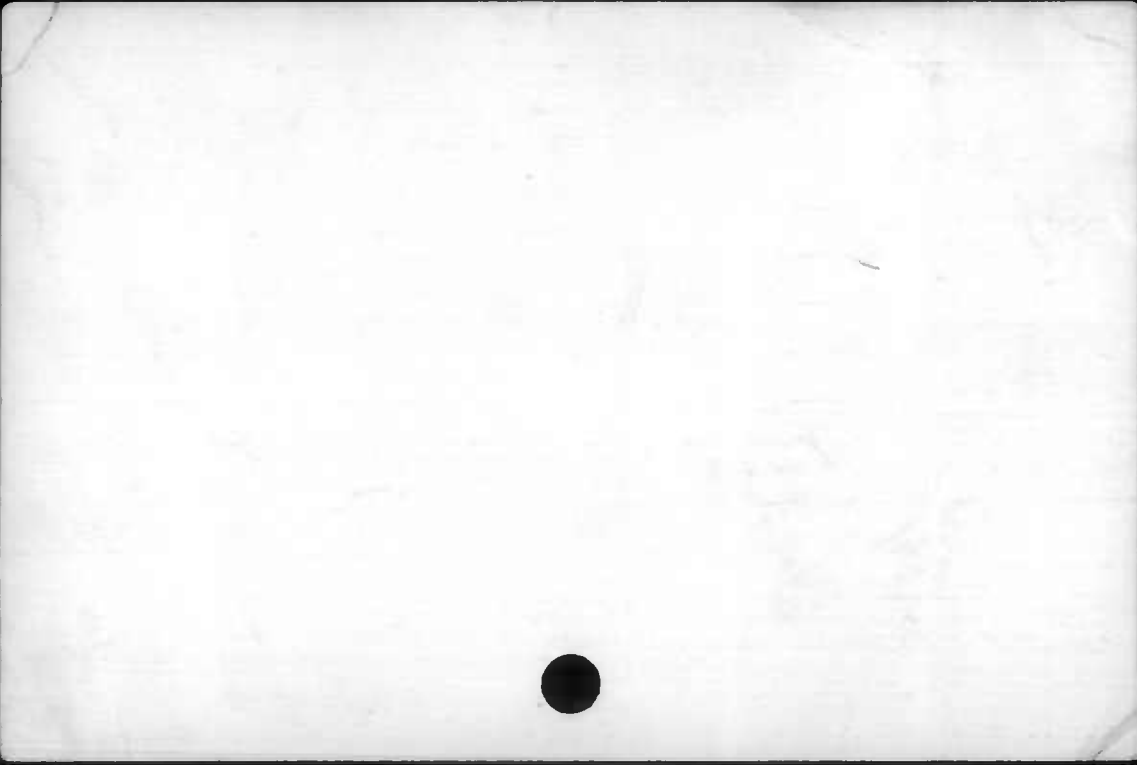
Died at <sup>Town</sup> <i>Liberty Middletown</i> <sup>County</sup> <i>Frederick</i> <b>MARYLAND</b>	
Date of death <i>1980 Apr 24</i>	Age <i>24</i> <sup>Months</sup> <i>16</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>
Occupation <i>none</i>	Birth-place <i>Frederick Co Md</i>
Where Residing if not at place of death <i>none</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>
Father's Name <i>George H Stine</i>	Father's Birthplace <i>Frederick Co Md</i>
Mother's Maiden Name <i>Hannie Prayers</i>	Mother's Birthplace <i>Frederick Co Md</i>
Name of person giving Information <i>Geo H Stine</i>	How related to deceased <i>Hall</i>

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Exposure</i>	How long <i>3 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E L Beckley</i>
	Address <i>Middletown Md</i>
Accident or Suicide <i>Accident</i>	



Name  
in  
Full

Lola Stull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Utica Town Frederick County

Date of death 1980 Apr Month 26 Day 8 Years — Months — Days

Sex Female Color or Race white Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Grason Stull

Father's Birthplace md

Mother's Maiden Name Annie Staley

Mother's Birthplace md

Name of person giving Information —

How related to deceased NT

## CAUSES OF DEATH

Primary Chronic Meningitis

Immediate Expansion

How long only 48 hours  
under any case

How long by days

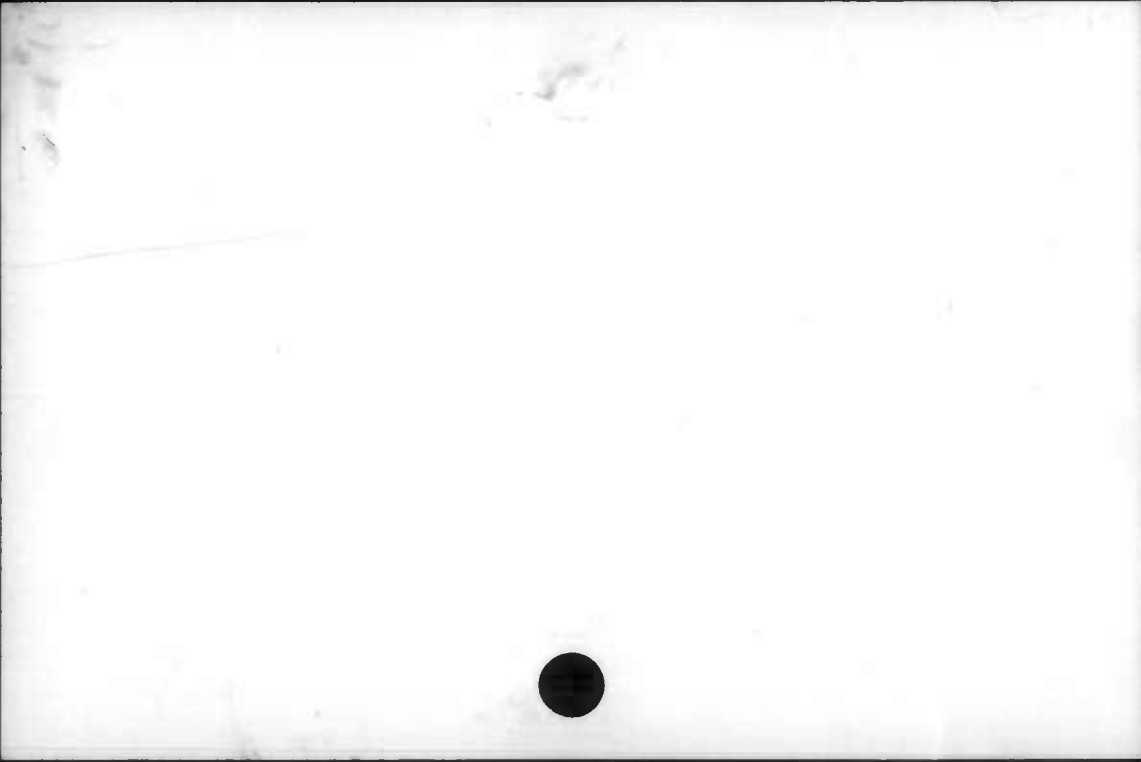
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. R. Miller  
Frederick  
md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

*Leopoldine Wahner*

Died at

*Emmitsburg*

County

*Frederick*

MARYLAND

Date

of death

*1900 April*

Day

*28*

Age

Years

*86*

Months

*1*

Days

*25*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Germany*

Occupation

*Sister-chority - Religious*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*=*

Father's  
Name

*Gottfried Wahner*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*Catherine Schreuder*

Mother's  
Birthplace

*Germany*

Name of parson giving  
Information

*S. Bernadine Orndorf*

How related  
to deceased

*Sister*

CAUSES OF DEATH

*154*

Primary

*Senility*

How long

*3 weeks*

Immediate

*Senility*

How long

*3 weeks*

Are the name, age, sex, color, data  
and place correctly given above?

*yes*

Signature of  
Physician

*John B. Browner, M.D.*

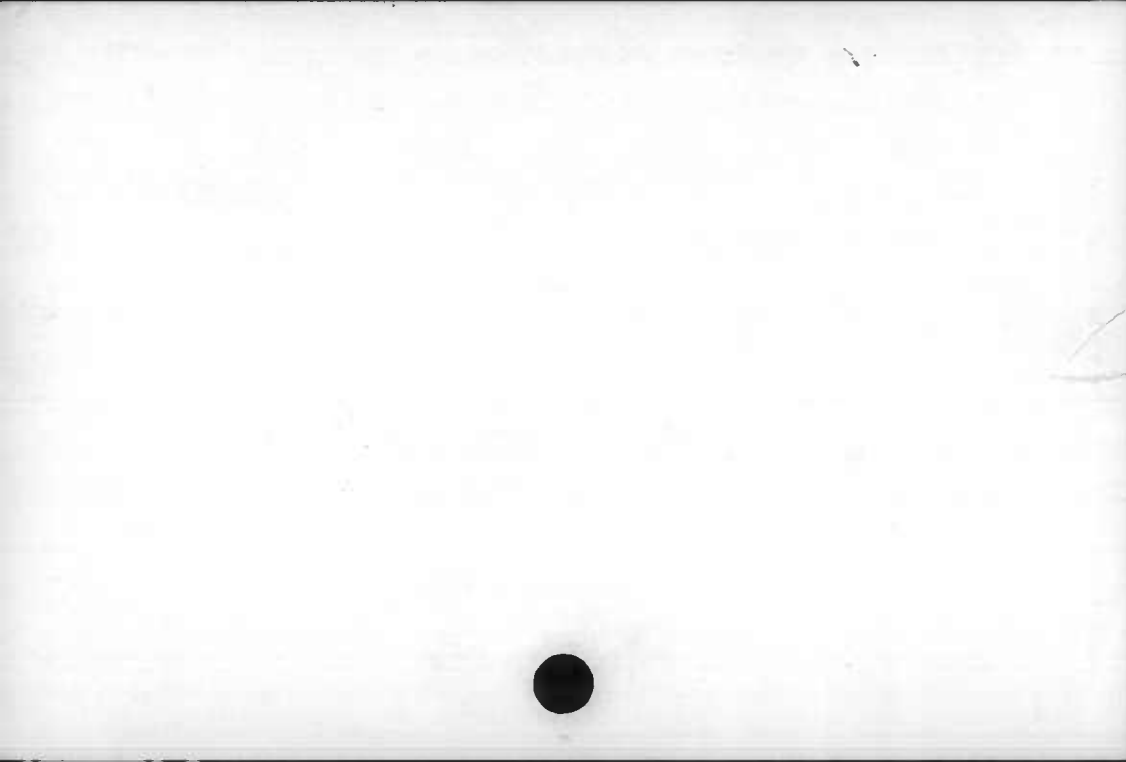
Address

*Emmitsburg*

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Amelia Ann Warthan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND  
Date of death 1910 Month 4 Day 20 Age 67 Months 8 Days —  
Sex Female Color or Race White Birth-place Frederick Co.  
Occupation Houskeeper Where Residing if not at place of death Frederick Md.  
~~Married, Single~~ Name of W.ife or Husband John Warthan

Father's Name John Warthan Father's Birthplace Md.  
Mother's Maiden Name Delia Davis Mother's Birthplace Md.  
Name of person giving Information Guy Blackston How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 1 Year  
Exhaustion How long 14 weeks

Are the name, age, sex, color, date and place correctly given above?

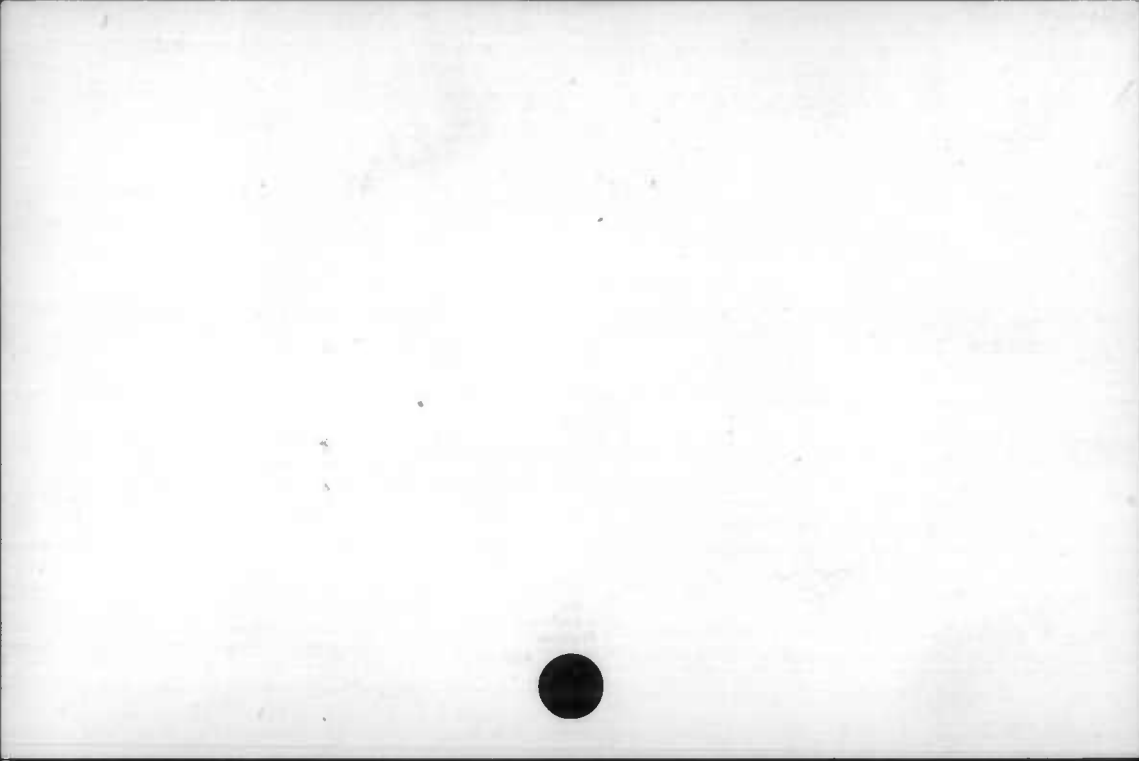
Yes

Signature of Physician

Address

Chas. F. Goodree Md.

Accident or Suicide X



Name  
in  
Full

Catherine Arnetia Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Braddock</i>		County <i>Fredesrick</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1940</i>	<i>4</i>	<i>8</i>	<i>0</i>	<i>1</i>	<i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Braddock</i>		
Occupation _____			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Allen G. Webster</i>			Father's Birthplace <i>Fredricks Co Md</i>		
Mother's Maiden Name <i>Ada R. Thomas</i>			Mother's Birthplace " " "		
Name of person giving Information <i>Allen G. Webster</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. H. Hedger</i>	
Accident or Suicide <i>_____</i>		Address <i>Fredesrick</i>	

Interment Apr 10 - 1910

" at Mt. Olivet Cem.

Thomas T. Rice F.D.

Dr Hedgie's

Dr Goodell

Dr McCurdy.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

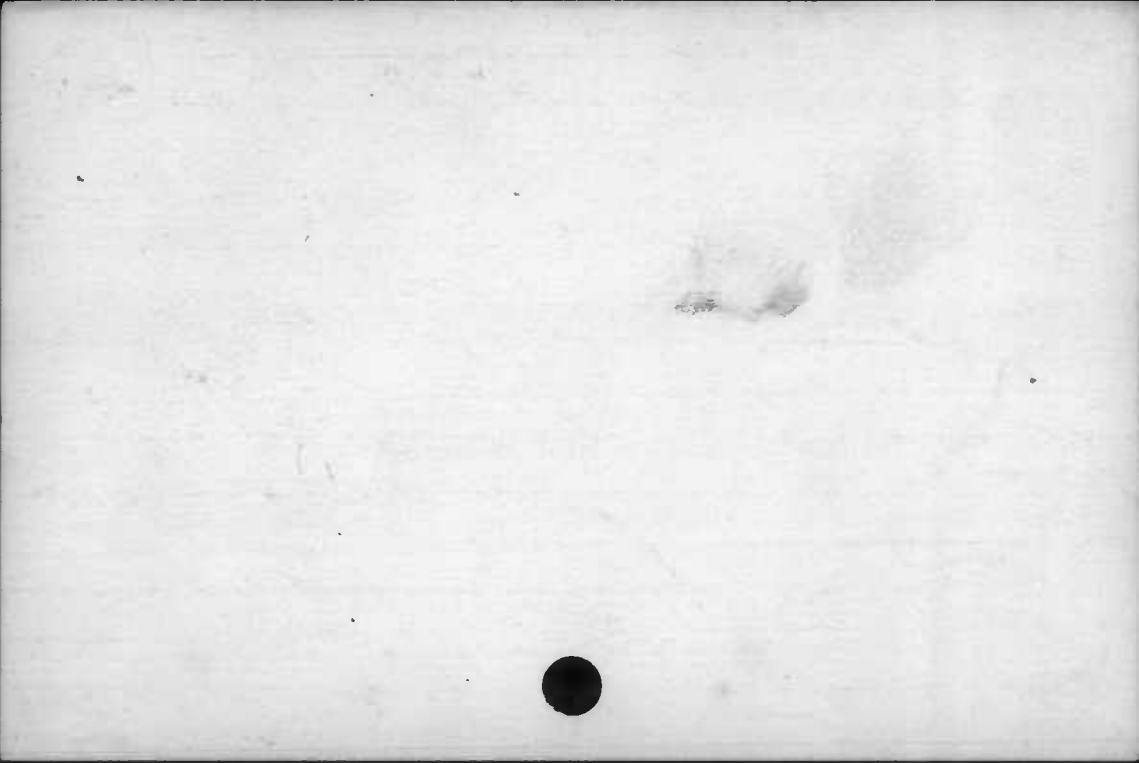
MARYLAND

Died at *Emmitsburg* *Fredrick* CountyDate of death 19*00* Month *4* Day *3* Age *16* Years Months *6* Days *3*Sex *Male* Color or Race *White* Birth-place *MD*Occupation *Laborem* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James E. Welby* Father's Birthplace *MD*Mother's Maiden Name *Laura B. Short* Mother's BirthplaceName of person giving information *James E. Welby* How related to deceased *father*

## CAUSES OF DEATH

Primary *Typhoid fever* How long *3 wks*Immediate *Intestinal hemorrhage* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. J. Garner*Address *Emmitsburg*

Accident or Suicide?



Name  
in  
Full

Infant Wiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mountainedale</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>4</i>	Day <i>2</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mountainedale</i>		
Occupation _____			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Vernon Wiles</i>			Father's Birthplace <i>Fr. Co Md</i>		
Mother's Maiden Name <i>Bertie Fox</i>			Mother's Birthplace " " "		
Name of person giving Information <i>John E. Fox</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

Primary	<i>Premature Birth</i>	How long _____
Immediate	<i>Still Born</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. R. Miller</i>
		Address <i>Lewisstown Md</i>
Accident or Suicide <i>~~~~~</i>		<i>for T. R. Rice by permission</i>

PHYSICIAN  
OR CORONER

Interment Apr 3 - 10

" at Yellow Springs

Thomas P. Rice,

Dr T. E. R. Miller

Dr Goodell,



Name  
in  
Full

Annie Mary Willhite

CERTIFICATE OF DEATH

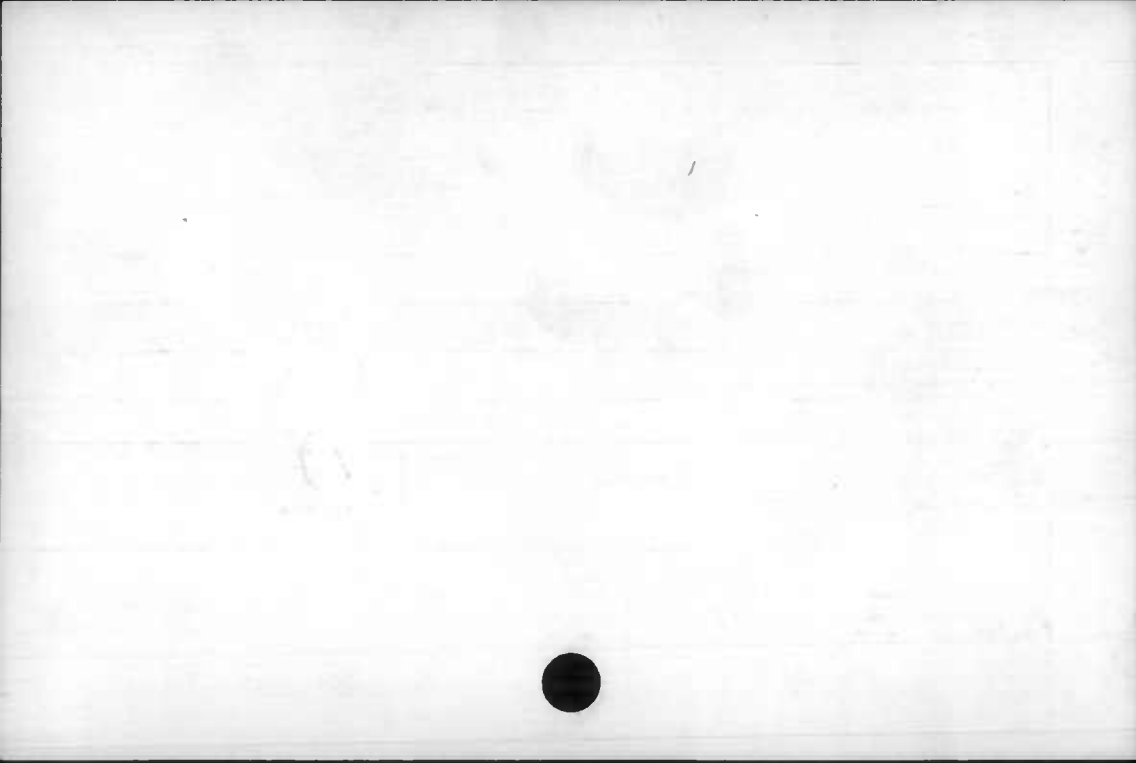
TO BE ANSWERED BY  
NEAREST FRIEND

Died at (Hospital) <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>4</i>	Day <i>5</i>	Age <i>27</i>	Years	Months <i>8</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at Hospital Frederick</i>						
Married, <del>Single</del> <i>Widowed</i>	Name of Wife or Husband <i>George Willhite</i>						
Father's Name <i>Joseph Click</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Alice Wetzell</i>	Mother's Birthplace <i>"</i>						
Name of person giving Information <i>Geo Willhite</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>3 months</i>
Immediate <i>Multiple Gangrene</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. B. Johnson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicida	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

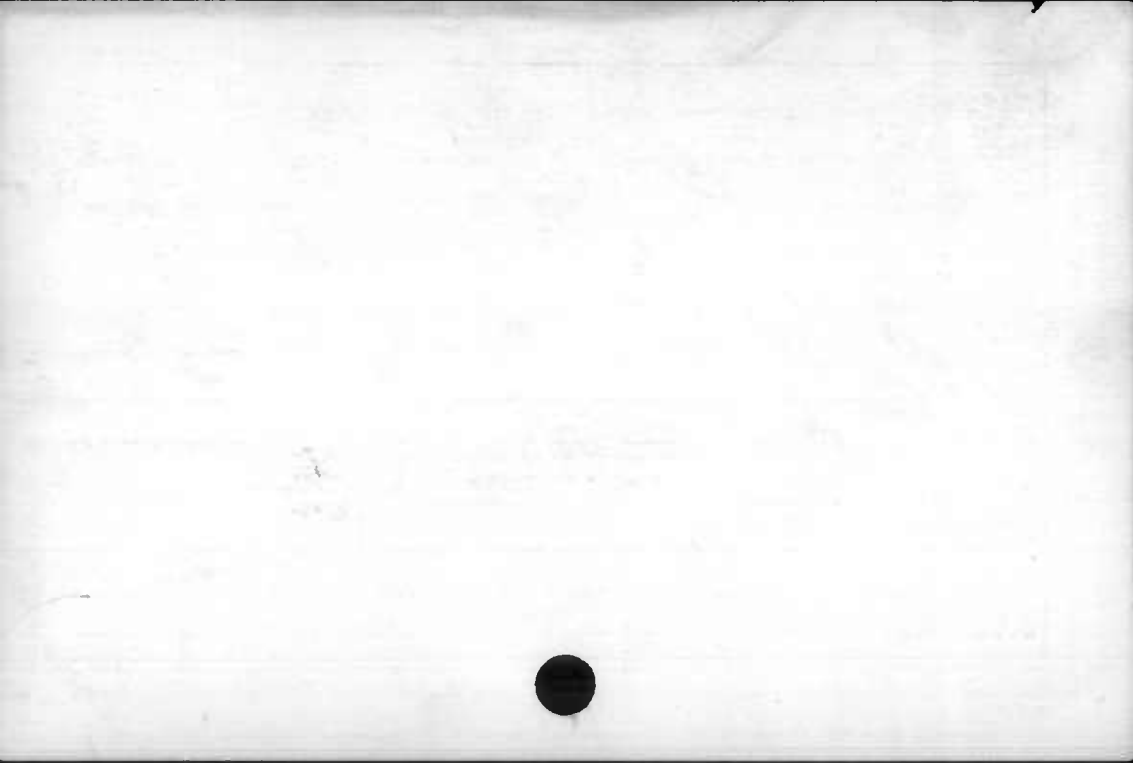
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Catonsville</i>		County <i>Bethk.</i>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>4</i>	Day <i>22</i>	Age <i>85</i>	Months <i>—</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Va</i>			
Occupation			Where Residing if not at place of death		
<del>Married</del> Single		Name of Wife or Husband			
Father's Name <i>Daniel Wise</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Catherine E. Sanders</i>		Mother's Birthplace <i>Va</i>			
Name of person giving Information <i>David Sanders</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Age</i>	How long	
Immediate	<i>Paralysis</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. H. Boteler, Gross</i>	
Address <i>Jefferson Fred Co Md</i>			
Accident or Suicide			



Name  
in  
Full

Mary Rebecca Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		April	24	Age	2	4	22
Sex	Female		Color or Race	White		Birth-place	Highland
Occupation			Where Residing if not at place of death		Highland		
Married, Single or Widowed		Name of Wife or Husband					
Fether's Name		Daniel Webster Wolfe				Father's Birthplace	
Mother's Maiden Name		Cora Virginia Boyer				Mother's Birthplace	
Name of person giving Information		Cora Wolfe				How related to deceased	
						Another	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enter Colitis	How long	1 week
Immediate	Acute Indigestion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide		F. H. Hecker	
		Frederick	

105

